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August 4, 2023

Buckeye Forest at Mayfield Heights LLC c/o The Limited Liability Co. 1800 Rockaway Ave, Ste. 200 Hewlett, NY 11557

RE: Dedicated Nursing Associates, Inc. v. Akron Healthcare LLC d/b/a Akron Healthcare et al.

Case No. 5578 of 2019

Ladies and Gentlemen:

Please find enclosed a copy of the Amended Complaint for the above-referenced matter. This Amended Complaint was filed April 25, 2023 and reinstated on July 31, 2023.

Regards,

THE MIHOK LAW FIRM, P.C.

Jarray Whole

Zachary Mihok, Paralegal

IN THE COURT OF COMMON PLEAS OF WESTMORELAND COUNTY, PENNSYLVANIA CIVIL DIVISION

DEDICATED NURSING ASSOCIATES, INC.

AKRON HEALTHCARE LLC D/B/A AKRON

MGMT BIG RIVER LLC D/B/A REACH LTC; SIRO MGMT ROYAL OAK LLC D/B/A REACH LTC; SIRO MGMT OAKWOOD LLC

D/B/A REACH LTC; AND REACH AW
MANAGEMENT LLC D/B/A REACH LTC;
BUCKEYE FOREST AT AKRON LLC D/B/A
HIGHLAND SQUARE REHABILITATION
AND NURSING CENTER; BUCKEYE
FOREST AT BELLEFONTAINE LLC D/B/A

AYDEN HEALTHCARE OF BELLE SPRINGS; BUCKEYE FOREST AT CLEVELAND LLC D/B/A GARDENS OF EUCLID BEACH; BUCKEYE FOREST AT

MADEIRA LLC D/B/A AYDEN

HEALTHCARE OF MADEIRA; BUCKEYE FOREST AT MAYFIELD HEIGHTS LLC

D/B/A GARDENS OF MAYFIELD HEIGHTS;

HEALTHCARE: BELLEFONTAINE

Plaintiff,

V.

HEALTHCARE LLC D/B/A BELLEFONTAIN **HEALTHCARE**; EUCLID BEACH HEALTHCARE LLC D/B/A EUCLID BEACH HEALTHCARE: GREENVILLE HEALTHCARE LLC D/B/A GREENVILLE HEALTHCARE; NORTH OLMSTED HEALTHCARE LLC D/B/A NORTH OLMSTED HEALTHCARE; MADEIRA HEALTHCARE LLC D/B/A MADEIRA HEALTHCARE; MAYFIELD HEIGHTS HEALTHCARE LLC D/B/A MAYFIELD HEIGHTS HEALTHCARE; WATERVILLE HEALTHCARE LLC D/B/A WATERVILLE **HEALTHCARE: WOODRIDGE** HEALTHCARE LLC D/B/A WOODRIDGE **HEALTHCARE**; BOULDER OPERATIONS HOLDINGS LLC; HILLSTONE HEALTHCARE, INC.; SMZ MGMT HOLDINGS LLC D/B/A REACH LTC; SIRO

NU.5578 OF 2019

BUCKEYE FOREST AT NORTH OLMSTED LLC D/B/A GARDENS OF NORTH OLMSTED; BUCKEYE FOREST AT WATERVILLE LLC D/B/A AYDEN HEALTHCARE OF WATERVILLE; BUCKEYE FOREST AT FAIRFIELD LLC D/B/A AYDEN HEALTHCARE OF FAIRFIELD; SAMUEL FEUER; LARRY KATZ; EPHRAM LAHASKY; ELI LESHKOWITZ; LOLOMON KAZARNOVSKY; ABBA STEIN; MORDECHAI WEISZ; MED HEALTHCARE PARTNERS

Defendants.

AMENDED COMPLAINT

FILED ON BEHALF OF: PLAINTIFF

COUNSEL OF RECORD OF THIS PARTY:

JENNIFER TIS MIHOK, ESQUIRE PA ID #203751

THE MIHOK LAW FIRM, P.C. 3706 Butler Street Suite 327 Pittsburgh, PA 15201 412.860.0907 412.204.3472 (fax)

IN THE COURT OF COMMON PLEAS OF WESTMORELAND COUNTY, PENNSYLVANIA CIVIL DIVISION

DEDICATED NURSING ASSOCIATES, INC.

Plaintiff,

v.

Case No.

AKRON HEALTHCARE LLC D/B/A AKRON HEALTHCARE: BELLEFONTAINE HEALTHCARE LLC D/B/A BELLEFONTAIN HEALTHCARE; EUCLID BEACH HEALTHCARE LLC D/B/A EUCLID BEACH **HEALTHCARE**; **GREENVILLE** HEALTHCARE LLC D/B/A GREENVILLE HEALTHCARE; NORTH OLMSTED HEALTHCARE LLC D/B/A NORTH OLMSTED HEALTHCARE; MADEIRA HEALTHCARE LLC D/B/A MADEIRA HEALTHCARE; MAYFIELD HEIGHTS HEALTHCARE LLC D/B/A MAYFIELD HEIGHTS HEALTHCARE; WATERVILLE HEALTHCARE LLC D/B/A WATERVILLE **HEALTHCARE**; WOODRIDGE HEALTHCARE LLC D/B/A WOODRIDGE **HEALTHCARE**; BOULDER OPERATIONS HOLDINGS LLC; HILLSTONE HEALTHCARE, INC.; SMZ MGMT HOLDINGS LLC D/B/A REACH LTC: SIRO MGMT BIG RIVER LLC D/B/A REACH LTC: SIRO MGMT ROYAL OAK LLC D/B/A REACH LTC; SIRO MGMT OAKWOOD LLC D/B/A REACH LTC; AND REACH AW MANAGEMENT LLC D/B/A REACH LTC

Defendants.

NOTICE AND AMENDED COMPLAINT NOTICE TO DEFEND

You have been sued in Court. If you wish to defend against the claims set forth in the following pages, you must take action within twenty (20) days after this Complaint and Notice are served upon you, by entering a written appearance personally or by attorney and filing in writing with the Court your defenses or objections to the claims set forth against you. You are warned that if you fail to do so the case may proceed without you and a Judgment may be entered against you by the Court, without further notice, for any money claimed in the Complaint or for any other

claim or relief requested by the Plaintiff. You may lose money or property or other rights important to you.

YOU SHOULD TAKE THIS PAPER TO YOUR LAWYER AT ONCE. IF YOU DO NOT HAVE A LAWYER, GO TO OR TELEPHONE THE OFFICE SET FORTH BELOW. THIS OFFICE CAN PROVIDE YOU WITH INFORMATION ABOUT HIRING A LAWYER.

IF YOU CANNOT AFFORD TO HIRE A LAWYER, THIS OFFICE MAY BE ABLE TO PROVIDE YOU WITH INFORMATION ABOUT AGENCIES THAT MAY OFFER LEGAL SERVICES TO ELIGIBLE PERSONS AT A REDUCED FEE OR NO FEE.

Lawyer Referral Service
Westmoreland Bar Association
P.O. Box 565
Greensburg, PA 15601
(724) 834-8490
http://lrs.westbar.org

COMPLAINT

- 1. Plaintiff, Dedicated Nursing Associates, Inc. ("DNA"), is a corporation organized and existing under the laws of the Commonwealth of Pennsylvania with offices located in Westmoreland County at 6536 William Penn Hwy Rt. 22, Suite 202, Delmont, Pennsylvania 15626.
- 2. Defendant, Akron Healthcare LLC doing business as Akron Healthcare is a limited liability company organized and existing under the laws of the State of Ohio with offices located at 1211 West Market Street, Akron, Ohio 44313.
- 3. Defendant, Bellefontaine Healthcare LLC doing business as Bellefontaine

 Healthcare is a limited liability company organized and existing under the laws of the State of

 Ohio with offices located at 221 North School Street, Bellefontaine, Ohio 43311.
- 4. Defendant, Euclid Beach Healthcare LLC doing business as Euclid Beach
 Healthcare is a limited liability company organized and existing under the laws of the State of
 Ohio with offices located at 16101 Euclid Beach Boulevard, Cleveland, Ohio 44110.
- 5. Defendant, Greenville Healthcare LLC doing business as Greenville Healthcare is a limited liability company organized and existing under the laws of the State of Ohio with offices located at 243 Marion Drive, Greenville, Ohio 45331.
- 6. Defendant, North Olmsted Healthcare LLC doing business as North Olmsted Healthcare is a limited liability company organized and existing under the laws of the State of Ohio with offices located at 23225 Lorain Road, North Olmsted, Ohio 44070.
- 7. Defendant, Madeira Healthcare LLC doing business as Madeira Healthcare is a limited liability company organized and existing under the laws of the State of Ohio with offices located at 5970 Kenwood Road, Cincinnati, Ohio 45243.

- 8. Defendant, Mayfield Heights Healthcare LLC doing business as Mayfield Heights Healthcare is a limited liability company organized and existing under the laws of the State of Ohio with offices located at 6757 Mayfield Road, Mayfield Heights, Ohio 44124.
- 9. Defendant, Waterville Healthcare LLC doing business as Waterville Healthcare is a limited liability company organized and existing under the laws of the State of Ohio with offices located at 8885 Browning Drive, Waterville, Ohio 43566.
- 10. Defendant, Woodridge Healthcare LLC doing business as Woodridge Healthcare is a limited liability company organized and existing under the laws of the State of Ohio with offices located at 3801 Woodridge Boulevard, Fairfield, Ohio 45041.
- 11. Defendant, Boulder Operations Holdings LLC, is a limited liability company organized and existing under the laws of the State of Delaware with a registered agent of The Corporation Trust Company located at Corporation Trust Center 1209 Orange Street, Wilmington, Delaware 19801.
- 12. Defendant, Hillstone Healthcare, Inc. ("Defendant Hillstone") is a corporation organized and existing under the laws of the State of Ohio with offices located at 979 Brule Court, Westerville, Ohio 43081.
- 13. Defendant SRZ MGMT Holdings LLC d/b/a Reach LTC ("Defendant SRZ") is a limited liability company organized and existing under the laws of the State of Delaware with a registered agent of CSC-Lawyers Incorporating Service Company located at 221 Bolivar Street, Jefferson City, Missouri 65101.
- 14. Defendant SIRO MGMT Big River LLC d/b/a Reach LTC ("Defendant "Big River") is a limited liability company organized and existing under the laws of the State of

Delaware with a registered agent of CSC-Lawyers Incorporating Service Company located at 221 Bolivar Street, Jefferson City, Missouri 65101.

- 15. Defendant SIRO MGMT Royal Oak LLC d/b/a Reach LTC ("Defendant Royal Oak") is a limited liability company organized and existing under the laws of the State of Delaware with a registered agent of CSC-Lawyers Incorporating Service Company located at 221 Bolivar Street, Jefferson City, Missouri 65101.
- 16. Defendant SIRO MGMT Oakwood LLC d/b/a Reach LTC ("Defendant Oakwood") is a limited liability company organized and existing under the laws of the State of Delaware with a registered agent of CSC-Lawyers Incorporating Service Company located at 221 Bolivar Street, Jefferson City, Missouri 65101.
- 17. Defendant AW Management LLC d/b/a Reach LTC ("Defendant AW") is a limited liability company organized and existing under the laws of the State of Missouri with a registered agent of CT Corporation System located at 120 South Central Avenue, Clayton, Missouri 63105.
- 18. Defendant, Buckeye Forest at Akron LLC d/b/a Highland Square Rehabilitation and Nursing Center is a limited liability company organized under the laws of New York State and registered to do business in the State of Ohio with a registered agent of National Registered Agents, Inc., 4400 Easton Commons Way, Suite 125, Columbus, OH 43219.
- 19. Defendant, Buckeye Forest at Bellefontaine LLC d/b/a Ayden Healthcare of Belle Springs is a limited liability company organized under the laws of New York State and registered to do business in the State of Ohio with a Service of Process Name and Address of The Limited Liability Company, 1800 Rockaway Avenue, Suite 200, Hewlett, NY 11557.

- 20. Defendant, Buckeye Forest at Cleveland LLC d/b/a Gardens of Euclid Beach is a limited liability company organized under the laws of Delaware and registered to do business in the State of Ohio with offices located at 1800 Rockaway Avenue, Suite 200, Hewlett, NY 11557.
- 21. Defendant, Buckeye Forest at Greenville LLC d/b/a Ayden Healthcare of Greenville is a limited liability company organized under the laws of New York State and registered to do business in the State of Ohio with a Service of Process Name and Address of The Limited Liability Company, 1800 Rockaway Avenue, Suite 200, Hewlett, NY 11557.
- 22. Defendant, Buckeye Forest at Madeira LLC d/b/a Ayden Healthcare of Madeira is a limited liability company organized under the laws of New York State and registered to do business in the State of Ohio with a Service of Process Name and Address of The Limited Liability Company, 1800 Rockaway Avenue, Suite 200, Hewlett, NY 11557.
- 23. Defendant, Buckeye Forest at Mayfield Heights LLC d/b/a Gardens of Mayfield Heights is a limited liability company organized under the laws of New York State and registered to do business in the State of Ohio with a Service of Process Name and Address of The Limited Liability Company, 1800 Rockaway Avenue, Suite 200, Hewlett, NY 11557.
- 24. Defendant, Buckeye Forest at North Olmsted LLC d/b/a Gardens of North Olmsted is a limited liability company organized under the laws of New York State and registered to do business in the State of Ohio with a Service of Process Name and Address of The Limited Liability Company, 1800 Rockaway Avenue, Suite 200, Hewlett, NY 11557.
- 25. Defendant, Buckeye Forest at Waterville LLC d/b/a Ayden Healthcare of Waterville is a limited liability company organized under the laws of New York State and registered to do business in the State of Ohio with a Service of Process Name and Address of The Limited Liability Company, 1800 Rockaway Avenue, Suite 200, Hewlett, NY 11557.

- 26. Defendant, Buckeye Forest at Fairfield LLC d/b/a Ayden Healthcare of Fairfield is a limited liability company organized under the laws of New York State and registered to do business in the State of Ohio with a Service of Process Name and Address of The Limited Liability Company, 1800 Rockaway Avenue, Suite 200, Hewlett, NY 11557. Ayden Healthcare of Fairfield is a fictitious name with a Registered Agent of Buckeye Forest at Fairfield LLC, 3801 Woodridge Boulevard, Fairfield, OH 45014.
- 27. Defendant, Samuel Feuer is an adult individual residing and receiving mail at 1383 E 26th Street, Brooklyn, New York 11210-5240.
- 28. Defendant Larry Katz is an adult individual residing and receiving mail at 79 Forshay Road, Monsey, New York 10952-1401.
- Defendant, Ephram Lahasky is an adult individual residing and receiving mail at
 34 Lord Avenue, Lawrence, New York 11559.
- 30. Defendant, Eli Leshkowitz is an adult individual residing and receiving mail at 1739 52nd Street, Brooklyn, New York 11204.
- Defendant, Solomon Kazarnovsky, is an adult individual residing and receiving
 mail at 13 Bartlett Road, Monsey, New York 10952.
- 32. Defendant, Abba Stein is an adult individual residing and receiving mail at 657 Colfax Place, Valley Stream, New York 11581.
- 33. Defendant, Mordechai Weisz is an adult individual residing and receiving mail at1 Marisa Drive, Spring Valley, New York 10977.
- 34. Defendant, Med Healthcare Partners is a limited liability company organized and existing under the laws of the state of Delaware with a registered agent of VCORP SERVICES, LLC located at 1013 Centre Road, Suite 403-B, Wilmington, Delaware 19805.

JURISDICTION

35. Jurisdiction and venue properly rest in this honorable Court because the transactions out of which this cause of action arose occurred in Westmoreland County and the payments due under the contracts entered into between Plaintiff and Defendant were due at Plaintiff's place of business located in Westmoreland County.

FACTUAL BACKGROUND

- 36. Defendants, Akron, Bellefontaine, Euclid, Greenville, Olmsted, Madeira, Mayfield, Waterville and Woodridge are skilled nursing facilities (individually "Facility"; collectively the "Facilities").
- 37. The Facilities are owned by Defendant, Boulder Operations Holdings LLC and were owned by Defendant, Boulder during the time period in which the transactions which gave rise to this cause of action took place.
- 38. DNA is in the business of providing registered nurses, licensed practical nurses, certified nursing aides and other medical assistance with particular skills and experience.
- 39. Defendant Boulder and Defendant Facilities were in need of personnel with the skill and experience that DNA provides.
- 40. Plaintiff initially filed the instant action against Defendants, Akron Healthcare LLC d/b/a Akron Healthcare; Bellefontaine Healthcare LLC d/b/a Bellefontaine Healthcare; Euclid Beach Healthcare LLC d/b/a Bellefontaine Healthcare; Euclid Beach Healthcare LLC d/b/a Morth Olmsted Healthcare LLC d/b/a Greenville Healthcare; North Olmsted Healthcare LLC d/b/a North Olmsted Healthcare; Madeira Healthcare LLC d/b/a Madeira Healthcare; Mayfield Heights Healthcare LLC d/b/a Mayfield Heights Healthcare; Waterville Healthcare LLC d/b/a Waterville Healthcare; Woodridge Healthcare LLC d/b/a Woodridge Healthcare; Boulder Operations Holdings LLC; Hillstone Healthcare, Inc.; SMZ Mgmt Holdings LLC d/b/a Reach LTC; SIRO Mgmt Big River LLC d/b/a

Reach LTC; Siro Mgmt Royal Oak LLC d/b/a Reach LTC; SIRO Mgmt Oakwood LLC d/b/a Reach LTC; and/or Reach AW Management LLC d/b/a Reach LTC (collectively the "Initial Defendants") on or about November 1, 2019.

- 41. After litigating this matter for approximately 3 years, on or about August 25, 2022, Plaintiff's Ohio office received a Notice of Chapter 7 Bankruptcy Case filed by Boulder Operations Holdings LLC in the United States Bankruptcy Court for the District of Delaware as well as notice of a Section 341 Meeting of Creditors associated with Chapter 7 bankruptcy filings by, *inter alia*, Akron Healthcare LLC, Bellefontaine Healthcare LLC, Euclid Beach Healthcare LLC, Greenville Healthcare LLC, Maderia Healthcare LLC, Mayfield Heights Healthcare LLC, North Olmsted Healthcare LLC, Waterville Healthcare, LLC, and Woodridge Healthcare LLC (collectively, the "Bankruptcy Action").
- 42. Plaintiff's counsel contacted Defendant's counsel to discuss the same, however, Defendant's counsel stated that he was previously unaware of the Bankruptcy Action.
- 43. Plaintiff's counsel attended the telephonic Section 341 Meeting of Creditors on September 12, 2022.
 - 44. Susan Koenig testified on behalf of the debtors.
- 45. Ms. Koenig testified that all of the Facilities were sold on December 31, 2021 to Med Healthcare Partners for \$145 million.
- 46. Ms. Koenig further testified that the Facilities continue to operate, under new ownership, and that no notice of the sale was provided to creditors of the Facilities.

COUNT I - BREACH OF CONTRACT

(Dedicated Nursing Associates, Inc. v. Akron Healthcare LLC)

- 47. DNA incorporates herein by reference thereto each and every of the preceding paragraphs of this Complaint as if the same were more fully set forth herein.
- 48. On or about February 18, 2019, DNA and Defendant Akron, also known as

 Highland Square Nursing and Rehab, entered into a written contract ("Akron Contract") whereby

 DNA would provide nursing personnel to Defendant Akron.
- 49. A true and correct copy of the Akron Contract is attached hereto, marked Exhibit "1" and made a part hereof.
- 50. Pursuant to the Akron Contract, the parties agreed to litigate any disputes in the Court of Common Pleas of Westmoreland County.
- 51. Pursuant to the Akron Contract and at the special instance and request of the Defendant Akron, DNA began providing nursing personnel to Defendant Akron as is more particularly set forth in DNA's Invoices.
- 52. True and correct copies of DNA's Invoices, which are incorporated as if fully rewritten herein, are attached hereto, collectively marked Exhibit "2", and made a part hereof.
- 53. Defendant Akron received and accepted the aforementioned nursing and nursing aides' services.
- 54. The prices charged by DNA were the fair, reasonable and market prices that prevailed at the times of the transactions.
 - 55. The prices charged by DNA were the prices that Defendant Akron agreed to pay.
- 56. Payments were due at DNA's place of business as evidenced by Plaintiff's Invoices. See, Exhibit 2.

- 57. DNA avers that the balance due amounts to \$406.40, as is more specifically shown by DNA's Statement of Account.
- 58. A true and correct copy of DNA's Statement of Account is attached hereto, marked Exhibit "3", and made a part hereof.
- 59. DNA claims interest at the rate of 1.5% per month as damages on the balance due and owing.
- 60. Although repeatedly requested to do so by DNA, Defendant Akron has willfully failed and refused to pay the aforesaid balance, interest, or any part thereof to DNA.
- 61. Despite providing nursing personnel to Defendant Akron in good faith and per Defendant Akron's request, Defendant Akron has failed to make payments to DNA in accordance with the terms of the Akron Contract.
- 62. Defendant Akron has failed to pay the principal balance, interest, or any part thereof to DNA as of the present date.
 - 63. Defendant Akron's failure to pay DNA is a breach of the Akron Contract.

WHEREFORE, Plaintiff, Dedicated Nursing Associates, Inc., demands judgment against Defendant, Akron Healthcare LLC d/b/a Akron Healthcare, in the amount of \$406.40 with continuing interest at the rate of 1.5% per month from January 24, 2023.

COUNT II - BREACH OF CONTRACT (Dedicated Nursing Associates, Inc. v. Bellefontaine Healthcare LLC)

- 64. DNA incorporates herein by reference thereto each and every of the preceding paragraphs of this Complaint as if the same were more fully set forth herein.
- 65. On or about May 9, 2019, DNA and Defendant Bellefontaine entered into a written contract ("Bellefontaine Contract") whereby DNA would provide nursing personnel to Defendant Bellefontaine.

- 66. A true and correct copy of the Bellefontaine Contract is attached hereto, marked Exhibit "4" and made a part hereof.
- 67. Pursuant to the Bellefontaine Contract, the parties agreed to litigate any disputes in the Court of Common Pleas of Westmoreland County.
- 68. Pursuant to the Bellefontaine Contract and at the special instance and request of the Defendant Bellefontaine, DNA began providing nursing personnel to Defendant Bellefontaine as is more particularly set forth in DNA's Invoices.
- 69. True and correct copies of DNA's Invoices, which are incorporated as if fully rewritten herein, are attached hereto, collectively marked Exhibit "5", and made a part hereof.
- 70. Defendant Bellefontaine received and accepted the aforementioned nursing and nursing aides' services.
- 71. The prices charged by DNA were the fair, reasonable and market prices that prevailed at the times of the transactions.
- 72. The prices charged by DNA were the prices that Defendant Bellefontaine agreed to pay.
- 73. Payments were due at DNA's place of business as evidenced by Plaintiff's Invoices. See, Exhibit 5.
- 74. DNA avers that the balance due amounts to \$274,655.55, as is more specifically shown by DNA's Statement of Account.
- 75. A true and correct copy of DNA's Statement of Account is attached hereto, marked Exhibit "6", and made a part hereof.
- 76. DNA claims interest at the rate of 1.5% per month as damages on the balance due and owing.

- 77. Although repeatedly requested to do so by DNA, Defendant Bellefontaine has willfully failed and refused to pay the aforesaid balance, interest, or any part thereof to DNA.
- 78. Despite providing nursing personnel to Defendant Bellefontaine in good faith and per Defendant Bellefontaine's request, Defendant Bellefontaine has failed to make payments to DNA in accordance with the terms of the Bellefontaine Contract.
- 79. Defendant Bellefontaine has failed to pay the principal balance, interest, or any part thereof to DNA as of the present date.
- 80. Defendant Bellefontaine's failure to pay DNA is a breach of the Bellefontaine Contract.

WHEREFORE, Plaintiff, Dedicated Nursing Associates, Inc., demands judgment against Defendant, Bellefontaine Healthcare LLC d/b/a Bellefontaine Healthcare, in the amount of \$274,655.55 with continuing interest at the rate of 1.5% per month from January 24, 2023.

COUNT III - BREACH OF CONTRACT (Dedicated Nursing Associates, Inc. v. Euclid Beach Healthcare LLC)

- 81. DNA incorporates herein by reference thereto each and every of the preceding paragraphs of this Complaint as if the same were more fully set forth herein.
- 82. On or about February 8, 2019, DNA and Defendant Euclid Beach entered into a written contract ("EB Contract") whereby DNA would provide nursing personnel to Defendant Euclid Beach.
- 83. A true and correct copy of the EB Contract is attached hereto, marked Exhibit "7" and made a part hereof.
- 84. Pursuant to the EB Contract, the parties agreed to litigate any disputes in the Court of Common Pleas of Westmoreland County.

- 85. Pursuant to the EB Contract and at the special instance and request of the Defendant Euclid Beach, DNA began providing nursing personnel to Defendant Euclid Beach as is more particularly set forth in DNA's Invoices.
- 86. True and correct copies of DNA's Invoices, which are incorporated as if fully rewritten herein, are attached hereto, collectively marked Exhibit "8", and made a part hereof.
- 87. Defendant Euclid Beach received and accepted the aforementioned nursing and nursing aides' services.
- 88. The prices charged by DNA were the fair, reasonable and market prices that prevailed at the times of the transactions.
- 89. The prices charged by DNA were the prices that Defendant Euclid Beach agreed to pay.
- 90. Payments were due at DNA's place of business as evidenced by Plaintiff's Invoices. See, Exhibit 8.
- 91. DNA avers that the balance due amounts to \$86,153.47 as is more specifically shown by DNA's Statement of Account.
- 92. A true and correct copy of DNA's Statement of Account is attached hereto, marked Exhibit "9", and made a part hereof.
- 93. DNA claims interest at the rate of 1.5% per month as damages on the balance due and owing.
- 94. Although repeatedly requested to do so by DNA, Defendant Euclid Beach has willfully failed and refused to pay the aforesaid balance, interest, or any part thereof to DNA.

- 95. Despite providing nursing personnel to Defendant Euclid Beach in good faith and per Defendant Euclid Beach's request, Defendant Euclid Beach has failed to make payments to DNA in accordance with the terms of the EB Contract.
- 96. Defendant Euclid Beach has failed to pay the principal balance, interest, or any part thereof to DNA as of the present date.
- 97. Defendant Euclid Beach's failure to pay DNA is a breach of the EB Contract.

 WHEREFORE, Plaintiff, Dedicated Nursing Associates, Inc., demands judgment against

 Defendant, Euclid Beach Healthcare LLC d/b/a Euclid Beach Healthcare, in the amount of

 \$86,153.47 with continuing interest at the rate of 1.5% per month from January 24, 2023.

COUNT IV - BREACH OF CONTRACT (Dedicated Nursing Associates, Inc. v. Greenville Healthcare LLC)

- 98. DNA incorporates herein by reference thereto each and every of the preceding paragraphs of this Complaint as if the same were more fully set forth herein.
- 99. On or about July 2, 2019, DNA and Defendant Greenville entered into a written contract ("Greenville Contract") whereby DNA would provide nursing personnel to Defendant Greenville.
- 100. A true and correct copy of the Greenville Contract is attached hereto, marked Exhibit "10" and made a part hereof.
- 101. Pursuant to the Greenville Contract, the parties agreed to litigate any disputes in the Court of Common Pleas of Westmoreland County.
- 102. Pursuant to the Greenville Contract and at the special instance and request of the Defendant Greenville, DNA began providing nursing personnel to Defendant Greenville as is more particularly set forth in DNA's Invoices.

- 103. True and correct copies of DNA's Invoices, which are incorporated as if fully rewritten herein, are attached hereto, collectively marked Exhibit "11", and made a part hereof.
- 104. Defendant Greenville received and accepted the aforementioned nursing and nursing aides' services.
- 105. The prices charged by DNA were the fair, reasonable and market prices that prevailed at the times of the transactions.
- 106. The prices charged by DNA were the prices that Defendant Greenville agreed to pay.
- 107. Payments were due at DNA's place of business as evidenced by Plaintiff's Invoices. See, Exhibit 11.
- 108. DNA avers that the balance due amounts to \$181,058.91, as is more specifically shown by DNA's Statement of Account.
- 109. A true and correct copy of DNA's Statement of Account is attached hereto, marked Exhibit "12", and made a part hereof.
- 110. DNA claims interest at the rate of 1.5% per month as damages on the balance due and owing.
- 111. Although repeatedly requested to do so by DNA, Defendant Greenville has willfully failed and refused to pay the aforesaid balance, interest, or any part thereof to DNA.
- Despite providing nursing personnel to Defendant Greenville in good faith and per Defendant Greenville's request, Defendant Greenville has failed to make payments to DNA in accordance with the terms of the Greenville Contract.
- 113. Defendant Greenville has failed to pay the principal balance, interest, or any part thereof to DNA as of the present date.

114. Defendant Greenville's failure to pay DNA is a breach of the Greenville Contract.

WHEREFORE, Plaintiff, Dedicated Nursing Associates, Inc., demands judgment against

Defendant, Greenville Healthcare LLC d/b/a Greenville Healthcare, in the amount of \$181,058.91

with continuing interest at the rate of 1.5% per month from January 24, 2023.

COUNT V - BREACH OF CONTRACT (Dedicated Nursing Associates, Inc. v. North Olmsted Healthcare LLC)

- 115. DNA incorporates herein by reference thereto each and every of the preceding paragraphs of this Complaint as if the same were more fully set forth herein.
- 116. On or about January 18, 2019, DNA and Defendant Olmsted entered into a written contract ("Olmsted Contract") whereby DNA would provide nursing personnel to Defendant Olmsted.
- 117. A true and correct copy of the Olmsted Contract is attached hereto, marked Exhibit "13" and made a part hereof.
- Pursuant to the Olmsted Contract, the parties agreed to litigate any disputes in the Court of Common Pleas of Westmoreland County.
- 119. Pursuant to the Olmsted Contract and at the special instance and request of the Defendant Olmsted, DNA began providing nursing personnel to Defendant Olmsted as is more particularly set forth in DNA's Invoices.
- 120. True and correct copies of DNA's Invoices, which are incorporated as if fully rewritten herein, are attached hereto, collectively marked Exhibit "14", and made a part hereof.
- 121. Defendant Olmsted received and accepted the aforementioned nursing and nursing aides' services.
- 122. The prices charged by DNA were the fair, reasonable and market prices that prevailed at the times of the transactions.

- 123. The prices charged by DNA were the prices that Defendant Olmsted agreed to pay.
- 124. Payments were due at DNA's place of business as evidenced by Plaintiff's Invoices. See, Exhibit 14.
- 125. DNA avers that the balance due amounts to \$11,531.31, as is more specifically shown by DNA's Statement of Account.
- 126. A true and correct copy of DNA's Statement of Account is attached hereto, marked Exhibit "15", and made a part hereof.
- DNA claims interest at the rate of 1.5% per month as damages on the balance due and owing.
- 128. Although repeatedly requested to do so by DNA, Defendant Olmsted has willfully failed and refused to pay the aforesaid balance, interest, or any part thereof to DNA.
- 129. Despite providing nursing personnel to Defendant Olmsted in good faith and per Defendant Olmsted's request, Defendant Olmsted has failed to make payments to DNA in accordance with the terms of the Olmsted Contract.
- 130. Defendant Olmsted has failed to pay the principal balance, interest, or any part thereof to DNA as of the present date.
 - 131. Defendant Olmsted's failure to pay DNA is a breach of the Olmsted Contract.

WHEREFORE, Plaintiff, Dedicated Nursing Associates, Inc., demands judgment against Defendant, North Olmsted Healthcare LLC d/b/a North Olmsted Healthcare, in the amount of \$11,531.31 with continuing interest at the rate of 1.5% per month from January 24, 2023.

COUNT VI - BREACH OF CONTRACT (Dedicated Nursing Associates, Inc. v. Madeira Healthcare LLC)

DNA incorporates herein by reference thereto each and every of the preceding paragraphs of this Complaint as if the same were more fully set forth herein.

- 133. On or about January 3, 2019, DNA and Defendant Madeira entered into a written contract ("Madeira Contract") whereby DNA would provide nursing personnel to Defendant Madeira.
- 134. A true and correct copy of the Madeira Contract is attached hereto, marked Exhibit "16" and made a part hereof.
- 135. Pursuant to the Madeira Contract, the parties agreed to litigate any disputes in the Court of Common Pleas of Westmoreland County.
- 136. Pursuant to the Madeira Contract and at the special instance and request of the Defendant Madeira, DNA began providing nursing personnel to Defendant Madeira as is more particularly set forth in DNA's Invoices.
- 137. True and correct copies of DNA's Invoices, which are incorporated as if fully rewritten herein, are attached hereto, collectively marked Exhibit "17", and made a part hereof.
- 138. Defendant Madeira received and accepted the aforementioned nursing and nursing aides' services.
- 139. The prices charged by DNA were the fair, reasonable and market prices that prevailed at the times of the transactions.
 - 140. The prices charged by DNA were the prices that Defendant Madeira agreed to pay.
- 141. Payments were due at DNA's place of business as evidenced by Plaintiff's Invoices. See, Exhibit 17.
- 142. DNA avers that the balance due amounts to \$11,006.25, as is more specifically shown by DNA's Statement of Account.
- 143. A true and correct copy of DNA's Statement of Account is attached hereto, marked Exhibit "18", and made a part hereof.

- 144. DNA claims interest at the rate of 1.5% per month as damages on the balance due and owing.
- 145. Although repeatedly requested to do so by DNA, Defendant Madeira has willfully failed and refused to pay the aforesaid balance, interest, or any part thereof to DNA.
- 146. Despite providing nursing personnel to Defendant Madeira in good faith and per Defendant Madeira's request, Defendant Madeira has failed to make payments to DNA in accordance with the terms of the Madeira Contract.
- 147. Defendant Madeira has failed to pay the principal balance, interest, or any part thereof to DNA as of the present date.
 - 148. Defendant Madeira's failure to pay DNA is a breach of the Madeira Contract.

WHEREFORE, Plaintiff, Dedicated Nursing Associates, Inc., demands judgment against Defendant, Madeira Healthcare LLC d/b/a Madeira Healthcare, in the amount of \$11,006.25 with continuing interest at the rate of 1.5% per month from January 24, 2023.

COUNT VII - BREACH OF CONTRACT (Dedicated Nursing Associates, Inc. v. Mayfield Heights Healthcare LLC)

- 149. DNA incorporates herein by reference thereto each and every of the preceding paragraphs of this Complaint as if the same were more fully set forth herein.
- 150. On or about January 14, 2019, DNA and Defendant Mayfield entered into a written contract ("Mayfield Contract") whereby DNA would provide nursing personnel to Defendant Mayfield.
- 151. A true and correct copy of the Mayfield Contract is attached hereto, marked Exhibit "19" and made a part hereof.
- 152. Pursuant to the Mayfield Contract, the parties agreed to litigate any disputes in the Court of Common Pleas of Westmoreland County.

- 153. Pursuant to the Mayfield Contract and at the special instance and request of the Defendant Mayfield, DNA began providing nursing personnel to Defendant Mayfield as is more particularly set forth in DNA's Invoices.
- 154. True and correct copies of DNA's Invoices, which are incorporated as if fully rewritten herein, are attached hereto, collectively marked Exhibit "20", and made a part hereof.
- 155. Defendant Mayfield received and accepted the aforementioned nursing and nursing aides' services.
- 156. The prices charged by DNA were the fair, reasonable and market prices that prevailed at the times of the transactions.
 - 157. The prices charged by DNA were the prices that Defendant Mayfield agreed to pay.
- 158. Payments were due at DNA's place of business as evidenced by Plaintiff's Invoices. See, Exhibit 20.
- 159. DNA avers that the balance due amounts to \$569.86, as is more specifically shown by DNA's Statement of Account.
- 160. A true and correct copy of DNA's Statement of Account is attached hereto, marked Exhibit "21", and made a part hereof.
- 161. DNA claims interest at the rate of 1.5% per month as damages on the balance due and owing.
- 162. Although repeatedly requested to do so by DNA, Defendant Mayfield has willfully failed and refused to pay the aforesaid balance, interest, or any part thereof to DNA.
- Despite providing nursing personnel to Defendant Mayfield in good faith and per Defendant Mayfield's request, Defendant Mayfield has failed to make payments to DNA in accordance with the terms of the Mayfield Contract.

- 164. Defendant Mayfield has failed to pay the principal balance, interest, or any part thereof to DNA as of the present date.
 - 165. Defendant Mayfield's failure to pay DNA is a breach of the Mayfield Contract.

WHEREFORE, Plaintiff, Dedicated Nursing Associates, Inc., demands judgment against Defendant, Mayfield Heights Healthcare LLC d/b/a Mayfield Heights Healthcare, in the amount of \$569.86 with continuing interest at the rate of 1.5% per month from January 24, 2023.

COUNT VIII - BREACH OF CONTRACT (Dedicated Nursing Associates, Inc. v. Waterville Healthcare LLC)

- 166. DNA incorporates herein by reference thereto each and every of the preceding paragraphs of this Complaint as if the same were more fully set forth herein.
- 167. On or about March 5, 2019, DNA and Defendant Waterville entered into a written contract ("Waterville Contract") whereby DNA would provide nursing personnel to Defendant Waterville.
- 168. A true and correct copy of the Waterville Contract is attached hereto, marked Exhibit "22" and made a part hereof.
- 169. Pursuant to the Waterville Contract, the parties agreed to litigate any disputes in the Court of Common Pleas of Westmoreland County.
- 170. Pursuant to the Waterville Contract and at the special instance and request of the Defendant Waterville, DNA began providing nursing personnel to Defendant Waterville as is more particularly set forth in DNA's Invoices.
- 171. True and correct copies of DNA's Invoices, which are incorporated as if fully rewritten herein, are attached hereto, collectively marked Exhibit "23", and made a part hereof.
- 172. Defendant Waterville received and accepted the aforementioned nursing and nursing aides' services.

- 173. The prices charged by DNA were the fair, reasonable and market prices that prevailed at the times of the transactions.
- 174. The prices charged by DNA were the prices that Defendant Waterville agreed to pay.
- 175. Payments were due at DNA's place of business as evidenced by Plaintiff's Invoices. See, Exhibit 23.
- 176. DNA avers that the balance due amounts to \$107,672.03, as is more specifically shown by DNA's Statement of Account.
- 177. A true and correct copy of DNA's Statement of Account is attached hereto, marked Exhibit "24", and made a part hereof.
- 178. DNA claims interest at the rate of 1.5% per month as damages on the balance due and owing.
- 179. Although repeatedly requested to do so by DNA, Defendant Waterville has willfully failed and refused to pay the aforesaid balance, interest, or any part thereof to DNA.
- 180. Despite providing nursing personnel to Defendant Waterville in good faith and per Defendant Waterville's request, Defendant Waterville has failed to make payments to DNA in accordance with the terms of the Waterville Contract.
- 181. Defendant Waterville has failed to pay the principal balance, interest, or any part thereof to DNA as of the present date.
- 182. Defendant Waterville's failure to pay DNA is a breach of the Waterville Contract.

 WHEREFORE, Plaintiff, Dedicated Nursing Associates, Inc., demands judgment against

 Defendant, Waterville Healthcare LLC d/b/a Waterville Healthcare, in the amount of \$107,672.03

 with continuing interest at the rate of 1.5% per month from January 24, 2023.

COUNT IX - BREACH OF CONTRACT (Dedicated Nursing Associates, Inc. v. Woodridge Healthcare LLC)

- 183. DNA incorporates herein by reference thereto each and every of the preceding paragraphs of this Complaint as if the same were more fully set forth herein.
- 184. On or about March 18, 2019, DNA and Defendant Woodridge entered into a written contract ("Woodridge Contract") whereby DNA would provide nursing personnel to Defendant Woodridge.
- 185. A true and correct copy of the Woodridge Contract is attached hereto, marked Exhibit "25" and made a part hereof.
- 186. Pursuant to the Woodridge Contract, the parties agreed to litigate any disputes in the Court of Common Pleas of Westmoreland County.
- 187. Pursuant to the Woodridge Contract and at the special instance and request of the Defendant Woodridge, DNA began providing nursing personnel to Defendant Woodridge as is more particularly set forth in DNA's Invoices.
- 188. True and correct copies of DNA's Invoices, which are incorporated as if fully rewritten herein, are attached hereto, collectively marked Exhibit "26", and made a part hereof.
- 189. Defendant Woodridge received and accepted the aforementioned nursing and nursing aides' services.
- 190. The prices charged by DNA were the fair, reasonable and market prices that prevailed at the times of the transactions.
- 191. The prices charged by DNA were the prices that Defendant Woodridge agreed to pay.
- 192. Payments were due at DNA's place of business as evidenced by Plaintiff's Invoices. See, Exhibit 26.

- 193. DNA avers that the balance due amounts to \$52,412.91, as is more specifically shown by DNA's Statement of Account.
- 194. A true and correct copy of DNA's Statement of Account is attached hereto, marked Exhibit "27", and made a part hereof.
- 195. DNA claims interest at the rate of 1.5% per month as damages on the balance due and owing.
- 196. Although repeatedly requested to do so by DNA, Defendant Woodridge has willfully failed and refused to pay the aforesaid balance, interest, or any part thereof to DNA.
- 197. Despite providing nursing personnel to Defendant Woodridge in good faith and per Defendant Woodridge's request, Defendant Woodridge has failed to make payments to DNA in accordance with the terms of the Woodridge Contract.
- 198. Defendant Woodridge has failed to pay the principal balance, interest, or any part thereof to DNA as of the present date.
- 199. Defendant Woodridge's failure to pay DNA is a breach of the Woodridge Contract.

WHEREFORE, Plaintiff, Dedicated Nursing Associates, Inc., demands judgment against Defendant, Woodridge Healthcare LLC d/b/a Woodridge Healthcare, in the amount of \$52,412.91 with continuing interest at the rate of 1.5% per month from January 24, 2023.

COUNT X - UNJUST ENRICHMENT (in the alternative to Count I) (Dedicated Nursing Associates, Inc. v. Akron Healthcare LLC)

200. DNA incorporates herein by reference thereto each and every of the preceding paragraphs of this Complaint as if the same were more fully set forth herein.

- 201. To the extent that Defendant Akron denies the existence of an express agreement in this matter, which is denied, then DNA alleges, in the alternative to Count I, that Defendant Akron has been unjustly enriched.
- 203. DNA provided Defendant Akron with nursing personnel at the special instance and request of Defendant Akron for the purpose of continuing operations at the Akron Facility.
 - 204. Defendant Akron realized the benefit of said nursing personnel.
- 205. To allow Defendant Akron to receive and benefit from said nursing personnel without payment to DNA would be inequitable.
- 206. DNA has been damaged in the principal amount of \$225.00, representing the value of said nursing personnel.
- 207. Although repeatedly requested to do so by DNA, Defendant Akron has willfully failed and refused to pay the aforesaid principal balance to Plaintiff.

WHEREFORE, Plaintiff, Dedicated Nursing Associates, Inc., demands judgment against Defendant, Akron Healthcare LLC d/b/a Akron Healthcare, in the alternative to Count I, in the amount of \$225.00.

COUNT XI – UNJUST ENRICHMENT (in the alternative to Count II) (Dedicated Nursing Associates, Inc. v. Bellefontaine Healthcare LLC)

- 208. DNA incorporates herein by reference thereto each and every of the preceding paragraphs of this Complaint as if the same were more fully set forth herein.
- 209. To the extent that Defendant Bellefontaine denies the existence of an express agreement in this matter, which is denied, then DNA alleges, in the alternative to Count II, that Defendant Bellefontaine has been unjustly enriched.

- 210. DNA provided Defendant Bellefontaine with nursing personnel at the special instance and request of Defendant Bellefontaine for the purpose of continuing operations at the Bellefontaine Facility.
 - 211. Defendant Bellefontaine realized the benefit of said nursing personnel.
- 212. To allow Defendant Bellefontaine to receive and benefit from said nursing personnel without payment to DNA would be inequitable.
- 213. DNA has been damaged in the principal amount of \$153,732.19, representing the value of said nursing personnel.
- 214. Although repeatedly requested to do so by DNA, Defendant Bellefontaine has willfully failed and refused to pay the aforesaid principal balance to Plaintiff.

WHEREFORE, Plaintiff, Dedicated Nursing Associates, Inc., demands judgment against Defendant, Bellefontaine Healthcare LLC d/b/a Bellefontaine Healthcare, in the alternative to Count I, in the amount of \$153,732.19.

COUNT XII - UNJUST ENRICHMENT (in the alternative to Count III) (Dedicated Nursing Associates, Inc. v. Euclid Beach Healthcare LLC)

- 215. DNA incorporates herein by reference thereto each and every of the preceding paragraphs of this Complaint as if the same were more fully set forth herein.
- 216. To the extent that Defendant Euclid Beach denies the existence of an express agreement in this matter, which is denied, then DNA alleges, in the alternative to Count III, that Defendant Euclid Beach has been unjustly enriched.
- 217. DNA provided Defendant Euclid Beach with nursing personnel at the special instance and request of Defendant Euclid Beach for the purpose of continuing operations at the Euclid Beach Facility.
 - 218. Defendant Euclid Beach realized the benefit of said nursing personnel.

- 219. To allow Defendant Euclid Beach to receive and benefit from said nursing personnel without payment to DNA would be inequitable.
- 220. DNA has been damaged in the principal amount of \$40,938.85, representing the value of said nursing personnel.
- 221. Although repeatedly requested to do so by DNA, Defendant Euclid Beach has willfully failed and refused to pay the aforesaid principal balance to Plaintiff.

WHEREFORE, Plaintiff, Dedicated Nursing Associates, Inc., demands judgment against Defendant, Euclid Beach Healthcare LLC d/b/a Euclid Beach Healthcare, in the alternative to Count III, in the amount of \$40,938.85.

(Dedicated Nursing Associates, Inc. v. Greenville Healthcare LLC)

- 222. DNA incorporates herein by reference thereto each and every of the preceding paragraphs of this Complaint as if the same were more fully set forth herein.
- 223. To the extent that Defendant Greenville denies the existence of an express agreement in this matter, which is denied, then DNA alleges, in the alternative to Count IV, that Defendant Greenville has been unjustly enriched.
- 224. DNA provided Defendant Greenville with nursing personnel at the special instance and request of Defendant Greenville for the purpose of continuing operations at the Greenville Facility.
 - 225. Defendant Greenville realized the benefit of said nursing personnel.
- 226. To allow Defendant Greenville to receive and benefit from said nursing personnel without payment to DNA would be inequitable.
- 227. DNA has been damaged in the principal amount of \$100,778.77, representing the value of said nursing personnel.

228. Although repeatedly requested to do so by DNA, Defendant Greenville has willfully failed and refused to pay the aforesaid principal balance to Plaintiff.

WHEREFORE, Plaintiff, Dedicated Nursing Associates, Inc., demands judgment against Defendant, Greenville Healthcare LLC d/b/a Greenville Healthcare, in the alternative to Count IV, in the amount of \$100,778.77.

COUNT XIV - UNJUST ENRICHMENT (in the alternative to Count V) (Dedicated Nursing Associates, Inc. v. North Olmsted Healthcare LLC)

- 229. DNA incorporates herein by reference thereto each and every of the preceding paragraphs of this Complaint as if the same were more fully set forth herein.
- 230. To the extent that Defendant Olmsted denies the existence of an express agreement in this matter, which is denied, then DNA alleges, in the alternative to Count V, that Defendant Olmsted has been unjustly enriched.
- 231. DNA provided Defendant Olmsted with nursing personnel at the special instance and request of Defendant Olmsted for the purpose of continuing operations at the Olmsted Facility.
 - 232. Defendant Olmsted realized the benefit of said nursing personnel.
- 233. To allow Defendant Olmsted to receive and benefit from said nursing personnel without payment to DNA would be inequitable.
- 234. DNA has been damaged in the principal amount of \$6,385.75, representing the value of said nursing personnel.
- 235. Although repeatedly requested to do so by DNA, Defendant Olmsted has willfully failed and refused to pay the aforesaid principal balance to Plaintiff.

WHEREFORE, Plaintiff, Dedicated Nursing Associates, Inc., demands judgment against Defendant, North Olmsted Healthcare LLC d/b/a North Olmsted Healthcare, in the alternative to Count V, in the amount of \$6,385.75.

COUNT XV - UNJUST ENRICHMENT (in the alternative to Count VI) (Dedicated Nursing Associates, Inc. v. Madeira Healthcare LLC)

- 236. DNA incorporates herein by reference thereto each and every of the preceding paragraphs of this Complaint as if the same were more fully set forth herein.
- 237. To the extent that Defendant Madeira denies the existence of an express agreement in this matter, which is denied, then DNA alleges, in the alternative to Count VI, that Defendant Madeira has been unjustly enriched.
- 238. DNA provided Defendant Madeira with nursing personnel at the special instance and request of Defendant Madeira for the purpose of continuing operations at the Madeira Facility.
 - 239. Defendant Madeira realized the benefit of said nursing personnel.
- 236. To allow Defendant Madeira to receive and benefit from said nursing personnel without payment to DNA would be inequitable.
- 240. DNA has been damaged in the principal amount of \$5,995.75, representing the value of said nursing personnel.
- 241. Although repeatedly requested to do so by DNA, Defendant Madeira has willfully failed and refused to pay the aforesaid principal balance to Plaintiff.

WHEREFORE, Plaintiff, Dedicated Nursing Associates, Inc., demands judgment against Defendant, Madeira Healthcare LLC d/b/a Madeira Healthcare, in the alternative to Count VI, in the amount of \$5,995.75.

COUNT XVI - UNJUST ENRICHMENT (in the alternative to Count VII) (Dedicated Nursing Associates, Inc. v. Mayfield Heights Healthcare LLC)

242. DNA incorporates herein by reference thereto each and every of the preceding paragraphs of this Complaint as if the same were more fully set forth herein.

- 243. To the extent that Defendant Mayfield denies the existence of an express agreement in this matter, which is denied, then DNA alleges, in the alternative to Count VII, that Defendant Mayfield has been unjustly enriched.
- 244. DNA provided Defendant Mayfield with nursing personnel at the special instance and request of Defendant Mayfield for the purpose of continuing operations at the Mayfield Facility.
 - 245. Defendant Mayfield realized the benefit of said nursing personnel.
- 246. To allow Defendant Mayfield to receive and benefit from said nursing personnel without payment to DNA would be inequitable.
- 247. DNA has been damaged in the principal amount of \$320.00, representing the value of said nursing personnel.
- 248. Although repeatedly requested to do so by DNA, Defendant Mayfield has willfully failed and refused to pay the aforesaid principal balance to Plaintiff.

WHEREFORE, Plaintiff, Dedicated Nursing Associates, Inc., demands judgment against Defendant, Mayfield Heights Healthcare LLC d/b/a Mayfield Heights Healthcare, in the alternative to Count VII, in the amount of \$320.00.

COUNT XVII - UNJUST ENRICHMENT (in the alternative to Count VIII) (Dedicated Nursing Associates, Inc. v. Waterville Healthcare LLC)

- 249. DNA incorporates herein by reference thereto each and every of the preceding paragraphs of this Complaint as if the same were more fully set forth herein.
- 250. To the extent that Defendant Waterville denies the existence of an express agreement in this matter, which is denied, then DNA alleges, in the alternative to Count VIII, that Defendant Waterville has been unjustly enriched.

- 251. DNA provided Defendant Waterville with nursing personnel at the special instance and request of Defendant Waterville for the purpose of continuing operations at the Waterville Facility.
 - 252. Defendant Waterville realized the benefit of said nursing personnel.
- 253. To allow Defendant Waterville to receive and benefit from said nursing personnel without payment to DNA would be inequitable.
- 254. DNA has been damaged in the principal amount of \$59,164.83, representing the value of said nursing personnel.
- 255. Although repeatedly requested to do so by DNA, Defendant Waterville has willfully failed and refused to pay the aforesaid principal balance to Plaintiff.

WHEREFORE, Plaintiff, Dedicated Nursing Associates, Inc., demands judgment against Defendant, Waterville Healthcare LLC d/b/a Waterville Healthcare, in the alternative to Count VIII, in the amount of \$59,164.83.

COUNT XVIII - UNJUST ENRICHMENT (in the alternative to Count IX) (Dedicated Nursing Associates, Inc. v. Woodridge Healthcare LLC)

- 256. DNA incorporates herein by reference thereto each and every of the preceding paragraphs of this Complaint as if the same were more fully set forth herein.
- 257. To the extent that Defendant Woodridge denies the existence of an express agreement in this matter, which is denied, then DNA alleges, in the alternative to Count IX, that Defendant Woodridge has been unjustly enriched.
- 258. DNA provided Defendant Woodridge with nursing personnel at the special instance and request of Defendant Woodridge for the purpose of continuing operations at the Woodridge Facility.
 - 259. Defendant Woodridge realized the benefit of said nursing personnel.

- 260. To allow Defendant Woodridge to receive and benefit from said nursing personnel without payment to DNA would be inequitable.
- 261. DNA has been damaged in the principal amount of \$27,336.28, representing the value of said nursing personnel.
- 262. Although repeatedly requested to do so by DNA, Defendant Woodridge has willfully failed and refused to pay the aforesaid principal balance to Plaintiff.

WHEREFORE, Plaintiff, Dedicated Nursing Associates, Inc., demands judgment against Defendant, Woodridge Healthcare LLC d/b/a Woodridge Healthcare, in the alternative to Count IX, in the amount of \$27,336.28.

COUNT XIX - UNJUST ENRICHMENT (Dedicated Nursing Associates, Inc. v. Boulder Operations Holdings LLC)

- 263. DNA incorporates herein by reference thereto each and every of the preceding paragraphs of this Complaint as if the same were more fully set forth herein.
- 264. Upon information and belief, including Ownership Information from Medicare's website, Boulder Operations Holdings LLC owned and operated Defendant Waterville, Defendant Mayfield, Defendant Olmsted, Defendant Euclid, Defendant Bellefontaine and Defendant Akron at the time(s) at which the transactions which form the subject matter of this Complaint took place.

 See, "Billing Information" in Exhibits 1, 4, 7, 13, 19, and 22.
- 265. True and correct copies of the Ownership Information from Medicare's website for each Defendant Facility are attached hereto, collectively marked Exhibit "28" and made a part hereof.
- 266. On information and belief, Defendant Boulder continues to own and operate Defendant Waterville, Defendant Mayfield, Defendant Olmsted, Defendant Euclid, Defendant Bellefontaine and Defendant Akron as well as the other Defendant Facilities.

- 267. On information and belief, Defendant Boulder receives profits from its ownership of the Facilities.
- 268. It has become increasingly common in the nursing, rehabilitation and assisted living industry for skilled nursing facilities to be sold and purchased quickly, frequently and without notice to vendors or provisions for creditors.
- 269. These practices are designed *inter alia* to attempt to avoid vendors' invoices and existing creditors.
- 270. At the special instance and request of the Facilities, DNA provided nursing personnel to the Facilities, as is more particularly set forth in DNA's Invoices. See, Exhibits 2, 5, 8, 11, 14, 17, 20, 23 and 26.
- 271. Without the nursing personnel provided by DNA, the Facilities would not have been able to continue operations.
- 272. Defendant Boulder realized the benefit of said nursing personnel as the Facilities were able to continue operating and, and therefore, continue to generate income.
- 273. Upon information and belief, Defendant Boulder was aware of the use of DNA's nursing personnel.
- 274. To allow Defendant Boulder to receive and benefit from said nursing personnel without payment to DNA would be inequitable.
- 275. DNA has been damaged in the principal amount of \$260,766.62, representing the value of said nursing personnel.
- 276. Although repeatedly requested to do so by DNA, Defendant Boulder has willfully failed and refused to pay the aforesaid principal balance to DNA.

WHEREFORE, Plaintiff demands judgment against Defendant, Boulder Operations Holdings LLC, in the amount of \$260,766.62.

COUNT XX - UNJUST ENRICHMENT (Dedicated Nursing Associates, Inc. v. Hillstone Healthcare, Inc.)

- 277. DNA incorporates herein by reference thereto each and every of the preceding paragraphs of this Complaint as if the same were more fully set forth herein.
- 278. Upon information and belief, Defendant Hillstone had an ownership interest in operated Defendant Woodridge and Defendant Bellefontaine at the time(s) at which the transactions which form the subject matter of this Complaint took place. See, "Billing Information": "Company Billing Name" in Exhibits 4, and 25.
- 279. Upon information and belief, Defendant Hillstone received and may still receive profits from its ownership of Defendant Woodridge and Defendant Bellefontaine.
- 280. At the special instance and request of the Defendant Woodridge and Defendant Bellefontaine, DNA provided nursing personnel to Defendant Woodridge and Defendant Bellefontaine, as is more particularly set forth in DNA's Invoices. See, Exhibits 5 and 26.
- 281. Without the nursing personnel provided by DNA, the Defendant Woodridge and Defendant Bellefontaine would not have been able to continue operations.
- 282. Defendant Hillstone realized the benefit of said nursing personnel as Defendant Woodridge and Defendant Bellefontaine were able to continue operating and, and therefore, continue to generate income.
- 283. Upon information and belief, Defendant Hillstone was aware of the use of DNA's nursing personnel.
- 284. To allow Defendant Hillstone to receive and benefit from said nursing personnel without payment to DNA would be inequitable.
- 285. DNA has been damaged in the principal amount of \$181,068.47, representing the value of said nursing personnel.

286. Although repeatedly requested to do so by DNA, Defendant Hillstone has willfully failed and refused to pay the aforesaid principal balance to DNA.

WHEREFORE, Plaintiff demands judgment against Defendant, Hillstone Healthcare, Inc., in the amount of \$181,068.47.

COUNT XXI – UNJUST ENRICHMENT

(Dedicated Nursing Associates, Inc. v. SRZ MGMT Holdings LLC, SIRO MGMT Big River LLC, SIRO MGMT Royal Oak LLC, SIRO MGMT Oakwood LLC and Reach AW Management LLC, jointly and severally)

- 287. DNA incorporates herein by reference thereto each and every of the preceding paragraphs of this Complaint as if the same were more fully set forth herein.
- 288. Upon information and belief, "Reach LTC" had had an ownership interest in Defendant Greenville at the time(s) at which the transactions which form the subject matter of this Complaint took place. See, "Billing Information": "Company Billing Name" in Exhibit 10.
 - 289. Reach LTC is a fictitious name registered with the Missouri Secretary of State.
- 290. A true and correct copy of the information generated for "Reach LTC" pursuant to the website for the Missouri Secretary of State is attached hereto, marked Exhibit "29" and made a part hereof.
- 291. Upon information and belief, Defendant SRZ, Defendant Big River, Defendant Royal Oak, Defendant Oakwood and Defendant AW are the owners of "Reach LTC".
- 292. True and correct copies of the Registration of Fictitious name for "Reach LTC" by Defendant SRZ, Defendant Big River, Defendant Royal Oak, Defendant Oakwood and Defendant AW are attached hereto, collectively marked "Exhibit 30" and made a part hereof.
- 293. Upon information and belief, Defendant SRZ, Defendant Big River, Defendant Royal Oak, Defendant Oakwood and Defendant AW received and may still receive profits from its ownership of Defendant Greenville.

- 294. At the special instance and request of the Defendant Greenville, DNA provided nursing personnel to Defendant Greenville, as is more particularly set forth in DNA's Invoices.

 See, Exhibit 11.
- 295. Without the nursing personnel provided by DNA, the Defendant Greenville would not have been able to continue operations.
- 296. Defendant SRZ, Defendant Big River, Defendant Royal Oak, Defendant Oakwood and Defendant AW realized the benefit of said nursing personnel as Defendant Greenville was able to continue operating and, and therefore, continue to generate income.
- 297. Upon information and belief, Defendant SRZ, Defendant Big River, Defendant Royal Oak, Defendant Oakwood and Defendant AW were aware of the use of DNA's nursing personnel.
- 298. To allow Defendant SRZ, Defendant Big River, Defendant Royal Oak, Defendant Oakwood and Defendant AW to receive and benefit from said nursing personnel without payment to DNA would be inequitable.
- 299. DNA has been damaged in the principal amount of \$100,778.77, representing the value of said nursing personnel.
- 300. Although repeatedly requested to do so by DNA, Defendant SRZ, Defendant Big River, Defendant Royal Oak, Defendant Oakwood and Defendant AW have willfully failed and refused to pay the aforesaid principal balance to DNA.

WHEREFORE, Plaintiff demands judgment against Defendants SRZ MGMT Holdings
LLC d/b/a Reach LTC, SIRO MGMT Big River LLC d/b/a Reach LTC, SIRO MGMT Royal Oak
LLC d/b/a Reach LTC, SIRO MGMT Oakwood LLC d/b/a Reach LTC and Reach AW
Management LLC d/b/a Reach LTC, jointly and severally, in the amount of \$100,778.77.

COUNT XXII – SUCCESSOR LIABILITY OF BUCKEYE FOREST AT AKRON LLC D/B/A HIGHLAND SOUARE REHABILITATION AND NURSING CENTER

- 301. Plaintiff incorporates herein by reference thereto each and every of the preceding paragraphs of this Complaint as if the same were more fully set forth herein.
- 302. Highland Square Rehabilitation and Nursing Center is a registered trade name owned by Buckeye Forest at Akron LLC.
- 303. A true and correct copy of the Trade Name Registration for Highland Square Rehabilitation and Nursing Center is attached hereto, marked Exhibit "31" and made a part hereof.
- 304. Pursuant to Medicare.gov, the legal business name of Highland Square Rehabilitation and Nursing Center is Buckeye Forest at Akron LLC.
- 305. A true and correct copy of the information for the Facility from Medicare.gov is attached hereto, marked Exhibit "32" and made a part hereof.
- 306. Pursuant to Susan Koenig's testimony at the Section 341 Creditors' Meeting, there is continuity of the management, personnel, physical location, assets and general business operations of the Highland Square Rehabilitation and Nursing Center Facility.
- 307. The Original Defendants ceased their ordinary business operations and filed for bankruptcy immediately after the transfer of the Facilities.
- 308. Pursuant to the testimony of Susan Koenig at the Section 341 Creditors' Meeting, no notice of the transfer of the Facilities was provided to creditors of the Facilities.
- 309. As a result, the purchaser, Akron Buckeye, assumed the obligations of the seller ordinarily necessary for the uninterrupted continuation of normal business operations.

WHEREFORE, Plaintiff demands judgment against Defendant Buckeye Forest at Akron LLC d/b/a Highland Square Rehabilitation and Nursing Center in the amount of \$406.40 with continuing interest at the rate of 1.5% per month from January 24, 2023.

COUNT XXIII – SUCCESSOR LIABILITY OF BUCKEYE FOREST AT BELLEFONTAINE LLC D/B/A AYDEN HEALTHCARE OF BELLE SPRINGS

- 310. Plaintiff incorporates herein by reference thereto each and every of the preceding paragraphs of this Complaint as if the same were more fully set forth herein.
- 311. Pursuant to Medicare.gov, the legal business name of Ayden Healthcare of Belle Springs is Buckeye Forest at Bellefontaine LLC.
- 312. A true and correct copy of the information for the Facility from Medicare.gov is attached hereto, marked Exhibit "33" and made a part hereof.
- 313. Pursuant to Susan Koenig's testimony at the Section 341 Creditors' Meeting, there is continuity of the management, personnel, physical location, assets and general business operations of the Ayden Healthcare of Belle Springs Facility.
- 314. The Original Defendants ceased their ordinary business operations and filed for bankruptcy immediately after the transfer of the Facilities.
- 315. Pursuant to the testimony of Susan Koenig at the Section 341 Creditors' Meeting, no notice of the transfer of the Facilities was provided to creditors of the Facilities.
- 316. As a result, the purchaser, Buckeye Forest at Bellefontaine LLC assumed the obligations of the seller ordinarily necessary for the uninterrupted continuation of normal business operations.

WHEREFORE, Plaintiff demands judgment against Defendant Buckeye Forest at Bellefontaine LLC d/b/a Ayden Healthcare of Belle Springs in the amount of \$274,655.55 with continuing interest at the rate of 1.5% per month from January 24, 2023.

COUNT XXIV - SUCCESSOR LIABILITY OF BUCKEYE FOREST AT CLEVELAND LLC D/B/A GARDENS OF EUCLID BEACH

- 317. Plaintiff incorporates herein by reference thereto each and every of the preceding paragraphs of this Complaint as if the same were more fully set forth herein.
- 318. Gardens of Euclid Beach is a registered trade name owned by Buckeye Forest at Cleveland LLC.
- 319. A true and correct copy of the Trade Name Registration for Gardens of Euclid Beach is attached hereto, marked Exhibit "34" and made a part hereof.
- 320. Pursuant to Medicare.gov, the legal business name of Gardens of Euclid Beach is Buckeye Forest at Cleveland LLC.
- 321. A true and correct copy of the information for the Facility from Medicare.gov is attached hereto, marked Exhibit 35" and made a part hereof.
- 322. Pursuant to Susan Koenig's testimony at the Section 341 Creditors' Meeting, there is continuity of the management, personnel, physical location, assets and general business operations of the Gardens of Euclid Beach Facility.
- 323. The Original Defendants ceased their ordinary business operations and filed for bankruptcy immediately after the transfer of the Facilities.
- 324. Pursuant to the testimony of Susan Koenig at the Section 341 Creditors' Meeting, no notice of the transfer of the Facilities was provided to creditors of the Facilities.
- 325. As a result, the purchaser, Buckeye Forest at Cleveland LLC assumed the obligations of the seller ordinarily necessary for the uninterrupted continuation of normal business operations.

WHEREFORE, Plaintiff demands judgment against Defendant Buckeye Forest at Cleveland LLC d/b/a Gardens of Euclid Beach in the amount of \$86,153.47 with continuing interest at the rate of 1.5% per month from January 24, 2023.

<u>COUNT XXV – SUCCESSOR LIABILITY OF BUCKEYE FOREST AT</u> <u>GREENVILLE LLC D/B/A AYDEN HEALTHCARE OF GREENVILLE</u>

- 326. Plaintiff incorporates herein by reference thereto each and every of the preceding paragraphs of this Complaint as if the same were more fully set forth herein.
- 327. Pursuant to Medicare.gov, the legal business name of Ayden Healthcare of Greenville is Buckeye Forest at Greenville LLC.
- 328. A true and correct copy of the information for the Facility from Medicare.gov is attached hereto, marked Exhibit "36" and made a part hereof.
- 329. Pursuant to Susan Koenig's testimony at the Section 341 Creditors' Meeting, there is continuity of the management, personnel, physical location, assets and general business operations of the Ayden Healthcare of Greenville Facility.
- 330. The Original Defendants ceased their ordinary business operations and filed for bankruptcy immediately after the transfer of the Facilities.
- 331. Pursuant to the testimony of Susan Koenig at the Section 341 Creditors' Meeting, no notice of the transfer of the Facilities was provided to creditors of the Facilities.
- 332. As a result, the purchaser, Buckeye Forest at Greenville LLC assumed the obligations of the seller ordinarily necessary for the uninterrupted continuation of normal business operations.

WHEREFORE, Plaintiff demands judgment against Defendant Buckeye Forest at Greenville LLC d/b/a Ayden Healthcare of Greenville in the amount of \$181,058.91 with continuing interest at the rate of 1.5% per month from January 24, 2023.

COUNT XXVI - SUCCESSOR LIABILITY OF BUCKEYE FOREST AT MADEIRA LLC D/B/A AYDEN HEALTHCARE OF MADEIRA

- 333. Plaintiff incorporates herein by reference thereto each and every of the preceding paragraphs of this Complaint as if the same were more fully set forth herein.
- 334. Pursuant to Medicare.gov, the legal business name of Ayden Healthcare of Madeira is Buckeye Forest at Madeira LLC.
- 335. A true and correct copy of the information for the Facility from Medicare.gov is attached hereto, marked Exhibit "37" and made a part hereof.
- 336. Pursuant to Susan Koenig's testimony at the Section 341 Creditors' Meeting, there is continuity of the management, personnel, physical location, assets and general business operations of the Ayden Healthcare of Madeira Facility.
- 337. The Original Defendants ceased their ordinary business operations and filed for bankruptcy immediately after the transfer of the Facilities.
- 338. Pursuant to the testimony of Susan Koenig at the Section 341 Creditors' Meeting, no notice of the transfer of the Facilities was provided to creditors of the Facilities.
- 339. As a result, the purchaser, Buckeye Forest at Madeira LLC assumed the obligations of the seller ordinarily necessary for the uninterrupted continuation of normal business operations.

WHEREFORE, Plaintiff demands judgment against Defendant Buckeye Forest at Madeira LLC d/b/a Ayden Healthcare of Madeira in the amount of \$11,006.25 with continuing interest at the rate of 1.5% per month from January 24, 2023.

COUNT XXVII – SUCCESSOR LIABILITY OF BUCKEYE FOREST AT MAYFIELD HEIGHTS LLC D/B/A GARDENS OF MAYFIELD HEIGHTS

340. Plaintiff incorporates herein by reference thereto each and every of the preceding paragraphs of this Complaint as if the same were more fully set forth herein.

- 341. Gardens of Mayfield Heights is a registered trade name owned by Buckeye Forest at Mayfield Heights LLC.
- 342. A true and correct copy of the Trade Name Registration for Gardens of Mayfield Heights is attached hereto, marked Exhibit "38" and made a part hereof.
- 343. Pursuant to Medicare.gov, the legal business name of Gardens of Mayfield Heights is Buckeye Forest at Mayfield Heights LLC.
- 344. A true and correct copy of the information for the Facility from Medicare.gov is attached hereto, marked Exhibit "39" and made a part hereof.
- 345. Pursuant to Susan Koenig's testimony at the Section 341 Creditors' Meeting, there is continuity of the management, personnel, physical location, assets and general business operations of the Gardens of Mayfield Heights Facility.
- 346. The Original Defendants ceased their ordinary business operations and filed for bankruptcy immediately after the transfer of the Facilities.
- 347. Pursuant to the testimony of Susan Koenig at the Section 341 Creditors' Meeting, no notice of the transfer of the Facilities was provided to creditors of the Facilities.
- 348. As a result, the purchaser, Buckeye Forest at Mayfield Heights LLC assumed the obligations of the seller ordinarily necessary for the uninterrupted continuation of normal business operations.

WHEREFORE, Plaintiff demands judgment against Defendant Buckeye Forest at Mayfield Heights LLC d/b/a Gardens of Mayfield Heights in the amount of \$569.86 with continuing interest at the rate of 1.5% per month from January 24, 2023.

COUNT XXVIII – SUCCESSOR LIABILITY OF BUCKEYE FOREST AT NORTH OLMSTED LLC D/B/A GARDENS OF NORTH OLMSTED

- 349. Plaintiff incorporates herein by reference thereto each and every of the preceding paragraphs of this Complaint as if the same were more fully set forth herein.
- 350. Gardens of North Olmsted is a registered trade name owned by Buckeye Forest at North Olmsted LLC.
- 351. A true and correct copy of the Trade Name Registration for Gardens of North Olmsted is attached hereto, marked Exhibit "40" and made a part hereof.
- 352. Pursuant to Medicare.gov, the legal business name of Gardens of North Olmsted is Buckeye Forest at North Olmsted LLC.
- 353. A true and correct copy of the information for the Facility from Medicare.gov is attached hereto, marked Exhibit 41" and made a part hereof.
- 354. Pursuant to Susan Koenig's testimony at the Section 341 Creditors' Meeting, there is continuity of the management, personnel, physical location, assets and general business operations of the Gardens of North Olmsted Facility.
- 355. The Original Defendants ceased their ordinary business operations and filed for bankruptcy immediately after the transfer of the Facilities.
- 356. Pursuant to the testimony of Susan Koenig at the Section 341 Creditors' Meeting, no notice of the transfer of the Facilities was provided to creditors of the Facilities.
- 357. As a result, the purchaser, Buckeye Forest at North Olmsted LLC assumed the obligations of the seller ordinarily necessary for the uninterrupted continuation of normal business operations.

WHEREFORE, Plaintiff demands judgment against Defendant Buckeye Forest at North Olmsted LLC d/b/a Gardens of North Olmsted in the amount of \$11,531.31 with continuing interest at the rate of 1.5% per month from January 24, 2023.

COUNT XXIX – SUCCESSOR LIABILITY OF BUCKEYE FOREST AT WATERVILLE LLC D/B/A AYDEN HEALTHCARE OF WATERVILLE

- 358. Plaintiff incorporates herein by reference thereto each and every of the preceding paragraphs of this Complaint as if the same were more fully set forth herein.
- 359. Pursuant to Medicare.gov, the legal business name of Ayden Healthcare of Waterville is Buckeye Forest at Waterville LLC.
- 360. A true and correct copy of the information for the Facility from Medicare.gov is attached hereto, marked Exhibit "42" and made a part hereof.
- 361. Pursuant to Susan Koenig's testimony at the Section 341 Creditors' Meeting, there is continuity of the management, personnel, physical location, assets and general business operations of the Ayden Healthcare of Waterville Facility.
- 362. The Original Defendants ceased their ordinary business operations and filed for bankruptcy immediately after the transfer of the Facilities.
- 363. Pursuant to the testimony of Susan Koenig at the Section 341 Creditors' Meeting, no notice of the transfer of the Facilities was provided to creditors of the Facilities.
- 364. As a result, the purchaser, Buckeye Forest at Waterville LLC assumed the obligations of the seller ordinarily necessary for the uninterrupted continuation of normal business operations.

WHEREFORE, Plaintiff demands judgment against Defendant Buckeye Forest at Waterville LLC d/b/a Ayden Healthcare of Waterville in the amount of \$107,672.03 with continuing interest at the rate of 1.5% per month from January 24, 2023.

COUNT XXX - SUCCESSOR LIABILITY OF BUCKEYE FOREST AT FAIRFIELD LLC D/B/A AYDEN HEALTHCARE OF FAIRFIELD

- 365. Plaintiff incorporates herein by reference thereto each and every of the preceding paragraphs of this Complaint as if the same were more fully set forth herein.
- 366. Ayden Healthcare of Fairfield is a registered trade name owned by Buckeye Forest at Fairfield LLC.
- 367. A true and correct copy of the Trade Name Registration for Ayden Healthcare of Fairfield is attached hereto, marked Exhibit "43" and made a part hereof.
- 368. Pursuant to Medicare.gov, the legal business name of Ayden Healthcare of Fairfield is Buckeye Forest at Fairfield LLC.
- 369. A true and correct copy of the information for the Facility from Medicare.gov is attached hereto, marked Exhibit "44" and made a part hereof.
- 370. Pursuant to Susan Koenig's testimony at the Section 341 Creditors' Meeting, there is continuity of the management, personnel, physical location, assets and general business operations of the Ayden Healthcare of Fairfield Facility.
- 371. The Original Defendants ceased their ordinary business operations and filed for bankruptcy immediately after the transfer of the Facilities.
- 372. Pursuant to the testimony of Susan Koenig at the Section 341 Creditors' Meeting, no notice of the transfer of the Facilities was provided to creditors of the Facilities.
- 373. As a result, the purchaser, Buckeye Forest at Fairfield LLC assumed the obligations of the seller ordinarily necessary for the uninterrupted continuation of normal business operations.

WHEREFORE, Plaintiff demands judgment against Defendant Buckeye Forest at Fairfield LLC d/b/a Ayden Healthcare of Fairfield in the amount of \$52,412.91 with continuing interest at the rate of 1.5% per month from January 24, 2023.

COUNT XXXI – ACTUAL FRAUD PURSUANT TO 12 Pa.C.S.A. 85104(a)(1) AS
TO DEFENDANTS BUCKEYE FOREST AT AKRON LLC, BUCKEYE FOREST AT
BELLEFONTAINE LLC, BUCKEYE FOREST AT CLEVELAND LLC, BUCKEYE
FOREST AT GREENVILLE LLC, BUCKEYE FOREST AT MADEIRA LLC, BUCKEYE
FOREST AT MAYFIELD HEIGHTS LLC, BUCKEYE FOREST AT NORTH OLMSTED
LLC, BUCKEYE FOREST AT WATERVILLE LLC, BUCKEYE FOREST AT
FAIRFIELD LLC, AND MED HEALTHCARE PARTNERS LLC
(Jointly and severally)

- 374. Plaintiff incorporates herein by reference thereto each and every of the preceding paragraphs of this Complaint as if the same were more fully set forth herein.
- 375. Defendants Akron Healthcare LLC, Bellefontaine Healthcare LLC, Euclid Beach Healthcare LLC, Greenville Healthcare LLC, North Olmsted Healthcare LLC, Madeira Healthcare LLC, Mayfield Heights Healthcare LLC, Waterville Healthcare LLC, Woodridge Healthcare LLC owned and operated the Facilities at the times at which the transactions which form the subject matter of this Complaint took place.
- 376. In fact, Defendants Akron Healthcare LLC, Bellefontaine Healthcare LLC, Euclid Beach Healthcare LLC, Greenville Healthcare LLC, North Olmsted Healthcare LLC, Madeira Healthcare LLC, Mayfield Heights Healthcare LLC, Waterville Healthcare LLC, Woodridge Healthcare LLC owned and operated the Facilities during more than three (3) years of litigation with regard to the instant matter.
- 377. Upon information and belief, on or about December 31, 2021, the Facilities were sold to Med Healthcare Partners for consideration in the amount of \$145 million.
- 378. The Facilities are now legally owned by Defendants, Buckeye Forest at Akron LLC, Buckeye Forest at Bellefontaine LLC, Buckeye Forest at Cleveland LLC, Buckeye Forest at Greenville LLC, Buckeye Forest at Madeira LLC, Buckeye Forest at Mayfield Heights LLC,

Buckeye Forest at North Olmsted LLC, Buckeye Forest at Waterville LLC, and Buckeye Forest at Fairfield LLC (the "New Owners").

- 379. The transfer occurred after the debt owed to DNA was incurred.
- 380. The New Owners are limited liability companies organized under the laws of New York State.
- 381. The New Owners each registered to do business in the State of Ohio on October 22, 2021.
- 382. True and correct copies of the Foreign Limited Liability Company Registrations with the Ohio Department of State for the New Owners are attached hereto, collectively marked Exhibit "45" and made a part hereof.
- 383. Never once during the course of litigation was Plaintiff or Plaintiff's counsel ever informed of the possibility of a transfer of the Facilities.
 - 384. The New Owners knew or should have known of the debts owed to DNA.
- 385. The New Owners knew or should have known of the litigation regarding the debts owed to DNA.
- 386. The transfer was made with actual intent to hinder, delay or defraud DNA as evidenced by the following factors pursuant to 12 Pa.C.S.A. 5104(b):
 - a. The transfer of the Facilities was concealed from DNA;
 - b. The debt owed to DNA was incurred prior to the transfers;
- c. The transfers were of substantially all of the assets of Akron Healthcare LLC, Bellefontaine Healthcare LLC, Euclid Beach Healthcare LLC, Greenville Healthcare LLC, North Olmsted Healthcare LLC, Madeira Healthcare LLC, Mayfield Heights Healthcare LLC, Waterville Healthcare LLC, Woodridge Healthcare LLC; and

d. Akron Healthcare LLC, Bellefontaine Healthcare LLC, Euclid Beach Healthcare LLC, Greenville Healthcare LLC, North Olmsted Healthcare LLC, Madeira Healthcare LLC, Mayfield Heights Healthcare LLC, Waterville Healthcare LLC, Woodridge Healthcare LLC became insolvent as a result of or very shortly after the transfer of ownership of the Facilities.

WHEREFORE, Plaintiff Dedicated Nursing Associates, Inc. respectfully requests the entry of judgment in its favor and against Defendants, Buckeye Forest at Akron LLC, Buckeye Forest at Bellefontaine LLC, Buckeye Forest at Cleveland LLC, Buckeye Forest at Greenville LLC, Buckeye Forest at Madeira LLC, Buckeye Forest at Mayfield Heights LLC, Buckeye Forest at North Olmsted LLC, Buckeye Forest at Waterville LLC, and Buckeye Forest at Fairfield LLC and MED Healthcare Partners LLC, jointly and severally, granting the following relief pursuant to 12 Pa.C.S.A. § 5107:

- a. Avoidance of the transfer of the Facilities;
- b. Attaching a lien against the Facilities and their assets which was created by the fraudulent transfer thereof;
- c. enjoining Defendants from further disposition or transfer of the Facility and its assets until further Order of Court;
- d. Granting all other available damages, remedies, interest, attorneys' fees, and/or court costs and all such other relief as this honorable Court deems just and proper.

COUNT XXXII - UNJUST ENRICHMENT (Dedicated Nursing Associates, Inc. v. Ephram Lahasky)

387. Plaintiff incorporates herein by reference thereto each and every of the preceding paragraphs of this Complaint as if the same were more fully set forth herein.

- 388. Pursuant to Medicare.gov, Defendant, Ephram Lahasky holds a 100% direct ownership interest in Ayden of Healthcare of Belle Springs Facility, the Ayden Healthcare of Greenville Facility and the Ayden Healthcare of Waterville Facility.
- 389. True and correct copies of the ownership information from Medicare.gov for the Ayden of Healthcare of Belle Springs Facility, the Ayden Healthcare of Greenville Facility and the Ayden Healthcare of Waterville Facility are attached hereto, collectively marked Exhibit "46" and made a part hereof.
- 390. Upon information and belief, Defendant receives profits from his ownership of the Ayden of Healthcare of Belle Springs Facility, the Ayden Healthcare of Greenville Facility and the Ayden Healthcare of Waterville Facility.
- 391. At the special instance and request of the Facilities, DNA provided nursing personnel to the Ayden of Healthcare of Belle Springs Facility, the Ayden Healthcare of Greenville Facility and the Ayden Healthcare of Waterville Facility, as is more particularly set forth in DNA's Invoices. See, Exhibit 11.
- 392. Without the nursing personnel provided by DNA, the Ayden of Healthcare of Belle Springs Facility, the Ayden Healthcare of Greenville Facility and the Ayden Healthcare of Waterville Facility would not have been able to continue operations.
- 393. Defendant Ephram Lahasky realized the benefit of said nursing personnel as the Ayden of Healthcare of Belle Springs Facility, the Ayden Healthcare of Greenville Facility and the Ayden Healthcare of Waterville Facility were able to continue operating and, and therefore, continue to generate income.
- 394. Upon information and belief, Defendant Ephram Lahasky was aware of the use of DNA's nursing personnel.

- 395. Further, Ephram Lahasky also holds an ownership interest in facilities which are the subject of another lawsuit currently pending with DNA in the Westmoreland County Court of Common Pleas at Docket No. 5170 of 2016.
- 396. To allow Defendant Ephram Lahasky to receive and benefit from said nursing personnel without payment to DNA would be inequitable.
- 397. DNA has been damaged in the principal amount of \$313,675.79, representing the value of said nursing personnel.

WHEREFORE, Plaintiff demands judgment against Defendant Ephram Lahasky in the amount of \$313,675.79.

COUNT XXXIII – UNJUST ENRICHMENT

(Dedicated Nursing Associates, Inc. v. Solomon A. Kazarnovsky and Abba Stein, jointly and severally)

- 398. Plaintiff incorporates herein by reference thereto each and every of the preceding paragraphs of this Complaint as if the same were more fully set forth herein.
- 399. Pursuant to Medicare.gov, Defendant, Solomon A. Kazarnovsky holds a 50% direct ownership interest in the Ayden of Healthcare of Madeira Facility, the Ayden Healthcare of Fairfield Facility.
- 400. Pursuant to Medicare.gov, Defendant, Abba Stein holds a 50% direct ownership interest in the Ayden of Healthcare of Madeira Facility, the Ayden Healthcare of Fairfield Facility.
- 401. True and correct copies of the ownership information from Medicare.gov for the Ayden of Healthcare of Madeira Facility and the Ayden Healthcare of Fairfield Facility are attached hereto, collectively marked Exhibit "47" and made a part hereof.

- 402. Upon information and belief, Defendants Solomon A. Kazarnovsky and Abba Stein receive profits from their ownership of the Ayden of Healthcare of Madeira Facility and the Ayden Healthcare of Fairfield Facility.
- 403. At the special instance and request of the Facilities, DNA provided nursing personnel to the Ayden of Healthcare of Madeira Facility and the Ayden Healthcare of Fairfield Facility, as is more particularly set forth in DNA's Invoices. See, Exhibit 11.
- 404. Without the nursing personnel provided by DNA, Ayden of Healthcare of Madeira Facility and the Ayden Healthcare of Fairfield Facility would not have been able to continue operations.
- 405. Defendants Solomon A. Kazarnovsky and Abba Stein realized the benefit of said nursing personnel as the Ayden of Healthcare of Madeira Facility and the Ayden Healthcare of Fairfield Facility were able to continue operating and, and therefore, continue to generate income.
- 406. To allow Defendants Solomon A. Kazarnovsky and Abba Stein to receive and benefit from said nursing personnel without payment to DNA would be inequitable.
- 407. DNA has been damaged in the principal amount of \$33,332.03 representing the value of said nursing personnel.

WHEREFORE, Plaintiff demands judgment against Defendants Solomon A. Kazarnovsky and Abba Stein, jointly and severally, in the amount of \$33,332.03.

COUNT XXXIV - UNJUST ENRICHMENT (Dedicated Nursing Associates, Inc. v. Mordechai A. Weisz)

- 408. Plaintiff incorporates herein by reference thereto each and every of the preceding paragraphs of this Complaint as if the same were more fully set forth herein.
- 409. Pursuant to Medicare.gov, Defendant, Mordechai A. Weisz holds a 100% direct ownership interest in the Gardens of Mayfield Village Facility.

- 410. A true and correct copy of the ownership information from Medicare.gov for the Gardens of Mayfield Village Facility is attached hereto, marked Exhibit "48" and made a part hereof.
- 411. Upon information and belief, Defendant receives profits from his ownership of the Gardens of Mayfield Village Facility.
- 412. At the special instance and request of the Facility, DNA provided nursing personnel to the Gardens of Mayfield Village Facility, as is more particularly set forth in DNA's Invoices.

 See, Exhibit 11.
- 413. Without the nursing personnel provided by DNA, the Gardens of Mayfield Village Facility would not have been able to continue operations.
- 414. Defendant Mordechai A. Weisz realized the benefit of said nursing personnel as the Gardens of Mayfield Village Facility was able to continue operating and, and therefore, continue to generate income.
- 415. To allow Defendant Mordechai A. Weisz to receive and benefit from said nursing personnel without payment to DNA would be inequitable.
- 416. DNA has been damaged in the principal amount of \$320.00 representing the value of said nursing personnel.

WHEREFORE, Plaintiff demands judgment against Defendant Mordechai A. Weisz in the amount of \$320.00.

COUNT XXXV - UNJUST ENRICHMENT (Dedicated Nursing Associates, Inc. v. Eli M. Leshkowitz)

- 417. Plaintiff incorporates herein by reference thereto each and every of the preceding paragraphs of this Complaint as if the same were more fully set forth herein.
- 418. Pursuant to Medicare.gov, Defendant, Eli M. Leshkowitz holds a 100% direct ownership interest in the Gardens of North Olmsted Facility.
- 419. A true and correct copy of the ownership information from Medicare.gov for the Gardens of North Olmsted Facility is attached hereto, marked Exhibit "49" and made a part hereof.
- 420. Upon information and belief, Defendant Eli M. Leshkowitz receives profits from his ownership of the Gardens of North Olmsted Facility.
- 421. At the special instance and request of the Facility, DNA provided nursing personnel to the Gardens of North Olmsted Facility, as is more particularly set forth in DNA's Invoices. See, Exhibit 11.
- 422. Without the nursing personnel provided by DNA, the Gardens of North Olmsted Facility would not have been able to continue operations.
- 423. Defendant Eli M. Leshkowitz realized the benefit of said nursing personnel as the Gardens of North Olmsted Facility was able to continue operating and, and therefore, continue to generate income.
- 424. To allow Defendant Eli M. Leshkowitz to receive and benefit from said nursing personnel without payment to DNA would be inequitable.
- 425. DNA has been damaged in the principal amount of \$6,385.75 representing the value of said nursing personnel.

WHEREFORE, Plaintiff demands judgment against Defendant Eli M. Leshkowitz in the amount of \$6,385.75.

COUNT XXXVI – UNJUST ENRICHMENT (Dedicated Nursing Associates, Inc. v. MED Healthcare Partners LLC)

- 426. Plaintiff incorporates herein by reference thereto each and every of the preceding paragraphs of this Complaint as if the same were more fully set forth herein.
- 427. Pursuant to the testimony of the authorized representative of the Initial Defendants during the Section 341 Creditors Meeting, Defendant MED Healthcare Partners LLC purchased the Facilities from the Initial Defendants on or about December 31, 2021 for the amount of \$145 million.
- 428. Upon information and belief, Defendant MED Healthcare Partners LLC receives profits from its ownership of the Facilities.
- 429. At the special instance and request of the Facilities, DNA provided nursing personnel to the Facilities, as is more particularly set forth in DNA's Invoices. See, Exhibit 11.
- 430. Without the nursing personnel provided by DNA, the Facilities would not have been able to continue operations.
- 431. Defendant MED Healthcare Partners LLC realized the benefit of said nursing personnel as the Facilities were able to continue operating and, and therefore, continue to generate income.
- 432. To allow Defendant MED Healthcare Partners LLC to receive and benefit from said nursing personnel without payment to DNA would be inequitable.
- 433. DNA has been damaged in the principal amount of \$394,877.42 representing the value of said nursing personnel.

WHEREFORE, Plaintiff demands judgment against Defendant MED Healthcare Partners LLC in the amount of \$394,877.42.

THE MIHOK LAW FIRM, P.C.

Jennifer 7's Mihok, Esquire

PA ID #203751

Attorney for Plaintiff

3706 Butler Street, Suite 327

Pittsburgh, PA 15201

412.860.0907

412.204.3472 (fax)

jtm a mihoklaw.com

VERIFICATION

The undersigned does hereby verify subject to the penalties of 18 Pa.C.S. § 4904, relating to unsworm falsification to authorities, and under penalty of perjury, that she is the Controller of Dedicated Nursing Associates, Inc., Plaintiff herein, that she is duly authorized to make this Verification and that the facts set forth in the foregoing AMENDED COMPLAINT are true and correct to the best of her knowledge, information and belief.

Date: 01/20/23

Amy Silveri

MEDICAL STAFFING AGREEMENT

THIS MEDICAL STAFFING AGREEMENT ("Agreement"), made ' this 18th day of February 2019, between DEDICATED NURSING ASSOCIATES, INC. ("DNA"), a Pennsylvania corporation having a place of business at 6536 William Penn Highway Rt. 22, Suite 202, Delmont, Pennsylvania 15626.

A N D

Akron Healthcare LLC, d/b/a – Highland Square Nursing and Rehab ("Contractor"), having its principle place of business at 1211 West Market Street, Akron, Ohio 44313.

WHEREAS, DNA is in the business of providing registered nurses, licensed practical nurses, certified nursing aides, home health aides and other medical professionals ("Employee" or "Employees") with particular skills and experience; and

WHEREAS, Contractor is in need of personnel with the skill and experience provided by

NOW, THEREFORE, in consideration of the covenants contained herein and intending to be legally bound, the parties hereby agree as follows:

EMPLOYEES TO BE PROVIDED

The Employees to be provided include, but are not limited to, the following: RN's, LPN's, CNA's, HHA's and NA's.

QUALIFICATIONS OF EMPLOYEES

DNA will ensure that Employees to be provided shall possess the qualifications required to perform the work for which they are contracted to provide in their particular field of practice.

They shall also possess the required qualifications in the areas of education, certification, license, Physical and Mantoux test and criminal clearances, as required.

DNA AS EMPLOYER

Contractor shall not be responsible for payment of wages, salaries, and other compensation, fringe benefits, unemployment insurance, workers' compensation, social security, or other payroll taxes for staff provided to Contractor by DNA. Further, DNA shall be the employer of all persons it furnishes to Contractor.

EXPENSES

Contractor shall be responsible for all expenses incurred by DNA Employees relating to patient care (by way of example only, gloves) while on assignment to Contractor under this

EXHIBIT 1

ADMINISTRATIVE LINK

For the purpose of facilitating the services contemplated by this Agreement, Contractor and DNA each shall designate an administrative employee to be available for such purpose.

 COMPENSATION (TIME RECORDS)
 Contractor shall compensate DNA for its services in accordance with the schedule set forth in Exhibit "A" hereto, which is incorporated by reference and made part of this Agreement. For the purpose of compensation, DNA shall submit documentation in the form of time records for the services provided to Contractor. Contractor, or its authorized representative, shall be responsible for verifying that the time records are accurate

SCHEDULING AND SUBSTITUTE STAFF

- Contractor must immediately notify DNA of any changes to the agreed upon staffing schedule for Employees. Contractor is not authorized to accept a schedule change that is only discussed with an Employee and not approved in advance by DNA. If the is only assessed that the Employee working fewer hours than scheduled, failure to give notice to and receive consent from DNA may result in a charge for the originally scheduled hours. If a schedule change results in an Employee working over forty (40) hours in one week for DNA, and if there is no agreement to the contrary. Contractor will be charged the overtime billing rate for any hours that were not approved in advance by DNA for the Employee.
- B. DNA shall use its best efforts to replace regularly scheduled staff that are unavailable on a given day due to an illness or paid time off, or because of an emergency, vacation or holiday; however, DNA cannot guarantee that it can or will provide substitute staff.

HIRING OF EMPLOYEES BY CONTRACTOR AND CONVERSION FEE

Contractor may wish to employ directly an Employee who has been supplied by DNA. In the event of such a conversion to the employ of Contractor or to another employer to whom Contractor refers such Employee, Contractor agrees to pay a conversion fee. The conversion fee is \$15,000.00 for an RN, \$12,000.00 for an LPN, \$9,000.00 for a CNA and \$9,000.00 for a HHA or NA. The conversion fee will be reduced by \$200.00 for each 40 hours of weekly services performed while on assignment to the Contractor, however in no event will there be any less than a S6,000.00 conversion fee for any position. The same calculation will be used if Contractor converts a DNA Employee to part-time status. Again, the conversion fee will not be less than \$6,000.00.

A. The conversion fee is payable if Contractor hires the DNA Employee assigned, regardless of the employment classification, on either a permanent, temporary (including temporary assignments through another agency) or consulting basis within six (6) months after the last day of the assignment. Contractor also agrees to pay a conversion fee if the DNA Employee assigned to Contractor is hired by a subsidiary, other related company or any other entity or business as a result of referral of the Employee by Contractor.

COMPLIANCE WITH APPLICABLE LAW

DNA and Contractor shall comply with the Fair Labor Standards Act, the Occupational Safety and Health Act ("OSHA"), Immigration Reform and Control Act, the Health Insurance Portability and Accountability Act ("HIPAA"), and all other applicable federal, state, and local statutes, laws, ordinances, regulations and standards including, but not limited to, equal employment opportunity, civil rights, anti-discrimination, wage and hour, privacy and Joint Commission, whether as presently enacted or as hereafter amended. Notwithstanding the above, it is agreed that Contractor is primarily responsible for compliance with OSHA and comparable state laws and regulations thereunder, to the extent those laws and regulations apply to Employees assigned to Contractor. This responsibility includes, but is not limited to, required information and training in site-specific protocols, the facility exposure control plan and available personal protective equipment. Contractor will maintain documentation regarding training and related obligations hereunder, and make this documentation available to DNA upon request. Contractor will provide post-exposure evaluation and follow-up in accordance with OSHA standards.

CONFIDENCE OF INFORMATION

- A. Contractor shall keep in confidence all information relating to the methods of operations, trade secrets, business plans, business opportunities, finances, strategic planning and development, research, development, personnel data, recruiting, compensation, billing, and all other confidential knowledge, data and information related to the business and affairs of DNA that may be acquired in furtherance of the relationship contemplated by this Agreement. During and after the term of this Agreement, Contractor shall not, without the prior written consent of DNA, publish, communicate, divulge or disclose any such information.
- B. The parties hereto agree to comply with any and all federal or state laws or regulations that have or may become effective during the term of this Agreement, including, but not limited to HIPAA and any amendments, rules and regulations promulgated thereunder. The parties further agree to execute any additional documents that may be required under HIPAA, including, but not limited to, a Business Associates Agreement.

INDEMNIFICATION

DNA and Contractor shall indemnify, hold harmless, and, upon request, defend the other party and their respective subsidiaries, affiliates, directors, officers, employees, agents and independent contractors, from and against all liens, claims, charges, causes of action of any type, whether in law or equity, liabilities, damages, losses and expenses including, but not limited to, interest, penalties, reasonable attorney's fees and costs of suit, arising out of or in connection with their own acts or omissions, whether in whole or in part, relating to their obligations pursuant to this Agreement

12. PROFESSIONAL LIABILITY INSURANCE

Each party to this Agreement shall obtain, at its own cost, professional liability insurance covering its own act or omissions. Each shall maintain such insurance in amounts not less than Two Million (\$2,000,000.00) Dollars per occurrence and Six Million (\$6,000,000.00) Dollars annual aggregate

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GENERAL LIABILITY INSURANCE

Contractor shall maintain accident and general liability insurance covering the premises where DNA Employees will perform services hereunder, as well as any Contractor owned or leased vehicles that DNA Employees may use in the course of their work pursuant to this Agreement. Upon request of DNA, Contractor shall provide a copy of all insurance policies demonstrating compliance with this next provide a copy of all insurance policies. compliance with this paragraph.

- 14. INDEPENDENT STATUS
 A. In the performance of their respective duties under this Agreement, DNA and Contractor shall remain independent contracting entities, and neither shall be deemed to be the employer or employee of the other for any purpose whatsoever. The relationship between the parties shall at all times be that of independent contractors. No provision of this Agreement is intended to, or shall be construed, to render one party an employee, servant or partner of the other.
- B. In the event that the Internal Revenue Service or another government agency questions or challenges the independent contractor status of either DNA or Contractor, both DNA and Contractor, upon receipt by either of them of notice from the Internal Revenue Service or other government agency, shall promptly notify and afford the other party the opportunity to participate in any discussion or negotiation with the Internal Revenue Service or other government agency, irrespective by whom such negotiations were initiated, to the extent permitted by the Internal Revenue Service or other government

COMMUNICATION WITH STAFF

Contractor shall not communicate directly with DNA Employees outside of the assignment All communications regarding staff scheduling with DNA Employees, whether written, verbal, or in person, shall be relayed through DNA unless otherwise agreed to in writing by both parties. See also paragraph 7.A. hereof.

NO SOLICITATION BY CONTRACTOR

During the term of this Agreement, Contractor shall not solicit or attempt to solicit, either directly or indirectly, the business or trade of DNA for Contractor's benefit or the benefit of any other person or entity to the exclusion of DNA, nor shall Contractor request or allow anyone to do

INJUNCTIVE RELIEF

In addition to all other available remedies in the event of a breach of this Agreement, DNA, as the aggreed party, shall be entitled to immediate injunctive relief to prevent the irreparable harm which will result in the absence of such relief.

ADDITIONAL LIMITATIONS/REQUIREMENTS

- A. Contractor agrees that it will not entrust any Employee with unattended premises, cash, checks, keys, credit cards, merchandise or other valuables without prior, express permission from DNA
- B. Contractor will not request or permit any Employee to use any vehicle, regardless of ownership, in connection with the performance of services for Contractor, without prior, express permission from DNA.

NON-DISCRIMINATION

Both DNA and Contractor agree that they will abide by all federal, state, and applicable laws regarding the prohibition of discrimination in the provision of services on the basis of race, sex, religion, creed, disability, ancestry, national origin, sexual preference or age.

NO WAIVER

No course of dealing or failure of either party to strictly enforce any term, right or condition of this Agreement shall be construed as a waiver of such term, right, or condition relating to any

SURVIVAL OF OBLIGATIONS

Contractor's obligations under this Agreement which by their nature would continue beyond the termination, cancellation, or expiration of this Agreement, shall survive termination, cancellation or expiration of the Agreement.

NO GENERAL INVALIDITY

If any of the provisions of this Agreement are judicially declared invalid or unenforceable, such invalidity or unenforceability shall not invalidate or render unenforceabile the entire Agreement, and this Agreement shall be construed as if not containing the particular invalid or unenforceable provision or provisions.

DISASTERS AND RELATED EVENTS

Neither DNA nor Contractor shall be liable for failure to perform hereunder due to contingencies beyond either of their reasonable control including, but not limited to, strikes, riots, war, fire, acts of God or natural disasters, accidents, mechanical failures not caused by the fault or neglect of DNA or Contractor, compliance with any law, regulation, or order of the United States of America or any state, governmental body, or any instrumentality thereof, whether now existing or hereafter created.

ASSIGNMENT/SUCCESSORS AND ASSIGNS

A. Contractor shall not assign or delegate its rights, duties and obligations under this Agreement, either in whole or in part, or any monies due or to become due hereunder without the prior written consent of DNA, which shall not be unreasonably withheld. Any such assignment without the prior written consent of DNA shall be absolutely invalid. DNA may in its discretion, assign this Agreement in whole or in part to its subsidiaries, or affiliated corporations.

FLOATING POLICIES AND COMPETENCE

Floating refers to the reassignment of Employees, where the Employee's job functions differ from specified requirements. With the express, written permission of DNA, Contractor may float one or more Employees that are within the scope of the Employee's clinical expertise, Joint Commission standards, and to which they have been fully oriented. Contractor shall pay to DNA the agreed upon rate under these circumstances.

ORIENTATION POLICIES

Contractor will require Employees furnished under this Agreement to review Contractor's fire and disaster, infection control and no-lift policies prior to placement.

SUBCONTRACTING

DNA, at its sole discretion, may contract with one or more persons or entities for the performance of DNA's services covered by this Agreement, provided the contract shall not relieve DNA of its obligations and liability under this Agreement. Any individual provided under such a subcontracting arrangement shall be deemed an "Employee" solely for purposes of this Agreement.

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- B. If Contractor reasonably believes that any Employee assigned by DNA is incompetent, negligent or has engaged in misconduct, Contractor may require such Employee to leave its premises and shall inform DNA of this action immediately. Contractor's obligation to compensate DNA for the Employee's services shall be limited to the hours actually worked by such Employee; however, any action taken by Contractor in this regard must be based upon a reasonable, good faith belief by Contractor that the Employee must in fact be removed from the premises immediately.
- C. Contractor is responsible to determine the adequacy of each Employee's job performance. If Contractor determines that the Employee's performance is unsatisfactory, Contractor will notify DNA of specific deficiencies in writing in circumstances other than those requiring immediate removal from the premises

- B. This Agreement shall be binding upon any and all successors and assigns of Contractor. In the event of a potential asset, stock or other sale of Contractor, Contractor and/or any or all of its agents and representatives (including, but not limited to brokers) shall have an affirmative duty to notify the potential buyer through the due diligence process have an artinuative duty to notify the potential buyer inrough the due difference process or otherwise of the binding nature of this Agreement and that it is binding on all successors and assigns of Contractor. Contractor shall also notify DNA of the pendency of any transaction contemplated herein and shall provide DNA with reasonable notice thereof so that DNA may assert all rights it has under this Agreement, including, but not limited to, those referenced in Sections 29.A., 11 and 17 hereof.
- C. To the extent Contractor breaches any part of this Section 29, the Indemnification provisions of Section 11 herof shall be fully enforced by DNA against Contractor. It expressly is understood that liability to DNA shall not be limited to booked but unworked shifts

CHANGES TO AGREEMENT

Any changes to this Agreement shall be effective only if mutually agreed upon in writing by duly authorized representatives of the parties. This Agreement shall not be modified or supplemented, or any rights, duties or obligations of a party in it waived, except by such a writing.

FINAL AGREEMENT: SURVIVABILITY OF TERMS

This Agreement represents the entire agreement between the parties It supersedes and voids all contract terms contained in any earlier agreements between the parties. There are no other oral or written agreements between the parties supplemental or contrary to this Agreement. If any provision hereof shall be held unenforceable, the remaining provisions shall be given full

TERM OF AGREEMENT AND TERMINATION

The term of this Agreement shall be from February 2019 to February 2020, and will automatically renew on an annual basis if not revised by agreement of each party or terminated. Either party may terminate this Agreement for any lawful reason by sending the other written notice of termination at least thirty (30) days before the date of termination. Such termination shall not be a waiver of any right to pursue damages for a pre-existing breach. The parties herein shall deal with each other in good faith during the thirty (30) day period after which any notice of intent to terminate without cause has been given.

Case 2:23-cv-01597-JFC-RAL Document 1-6 Filed 09/05/23 Page 63 of 153

NOTICE

Any notice given pursuant to this Agreement shall be given by personal delivery, prepaid telegram, telecopy, overnight delivery service postage prepaid, registered or certified mail, with return receipt requested, directed to the parties at the following addresses:

Dedicated Nursing Associates, Inc.: 6536 William Penn Highway Rt 22 Suite 202 Delmont, Pennsylvania 15626

Contractor: 1211 West Market Street Akron, Ohio 44313

CHOICE OF LAW/VENUE

This Agreement shall be governed by and construed in accordance with the laws of the Commonwealth of Pennsylvania, without reference to any conflicts of law principles thereof. In addition, any claims brought hereunder shall first attempted to be mediated informally by the parties. In the event mediation is unsuccessful, then any litigation brought hereunder must be brought in the Court of Common Pleas of Westmoreland County, Pennsylvania, or the U.S. District Court for the Western District of Pennsylvania, to the extent federal law or federal diversity jurisdiction would apply.

35. EXECUTION

This Agreement is executed by duly authorized officers, employees or agents of the parties on the dates below, and with the intent to be legally bound hereby:

Dedicated Nursing Associates, Inc.:

By: Title: Dated: By: [Authorized Representatives] Title: VPof Sales Dated: 211 /19 Contractor: Entity: A Val A Heathcase LLC Title: Pdywin Strator Duted: 2/12/11 [Authorized Representative]

8

[Electronic signature/verification has the same legal significance as writing].

Exhibit A

Per-Diem Rates	Weekday	Weekend
a. State Tested Nursing Assistant b. Licensed Practical Nurse	\$29.00/Hr \$42.00/Hr	\$32.00/Hr \$45.00/Hr
c. Registered Nurse	\$52.00/Hr	\$55.00/Hr
Contract Assignment Rates		
a. State Tested Nursing Assistant	\$36.00/Hr	\$39.00/Hr
b. Licensed Practical Nurse	\$49.00/Hr	\$52.00/Hr
c. Registered Nurse	\$59.00/Hr	\$62.00/Hr

^{*} Travel/Contract Assignments are typically (13) thirteen weeks in duration, however never less than (4) four weeks and encompass all costs, e.g. lodging and travel.

Any new service not listed will be added by an addendum attachment.

Weekend Bill Rates

Contractor agrees to pay the weekend bill rates for the following days and shifts worked:

Saturday- 7:00 am-3:00 pm

3:00 pm-11:00 pm 11:00 pm-7:00 am

 Sunday-7:00 am-3:00 pm

3:00 pm-11:00 pm

11:00 pm-7:00 am

Holiday Policy

The following days will be billed at 1 1/2 the hourly rate:

- New Year's Eve 3:00 p.m. through New Year's Day - Martin Luther King Jr. Day
- Easter Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Christmas Eve 3:00 p.m. through Christmas Day

Dedicated Nursing Associates, Inc Contract Forms	DNA	
DNA Contract Compliance		
	Document Number:	
Document Title:	Effective Date: 01/13/2016	
Joint Commission Compliance Form	Revision Date:	
	Approved By: D.R./C.W.	
	Page Number: Page 9 of 9	

Balvatal Burang Associates, Inc. (USA), as a Joint Developion certified argunization, we encourage our clients to

- Provide an inheritorie and traving prayram to such health care prefectional at the time of bire.

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Any client of Bedested Burning Associates, Inc. is a couraged to report a complaint or concern to the Jains Scromission withis 14 calender days of the sweet of prince rose to the complaint. You may contact the Jains Scro

Mit // www. in the contract of the Contract of

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Training/Orientation

Contractor agrees to pay for all orientation/training hours.

Signed time cards that authorize a paid lunch break will be billed to the Contractor.

Any hours exceeding 40 hours in single payroll week (Sunday through Saturday) will be billed at time and a half (1 1/2)

Cancellation Policy for Per Diem Personnel

 Per Diem: Any shift that is cancelled with less than two (2) hours notice will result in a four (4) hour billing charge.

Cancellation Policy for Travel/Contract Assignment:

· Travel/Contract Assignments are guaranteed. If cancelled (for any reason), weeks agreed upon will be billed in full. If an employee works part of the assignment, that time and the unworked portion will also be billed. The billed time is not to exceed agreement unless an extension is required and documented. Minimum contract assignments are four (4) weeks.

Interest: Any invoice beyond 30 days past due will be charged interest at a rate of 1.5%.

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^{**} Specialty is considered any unit outside of Long Term Care, Med/Surg, Telemetry. All Registered Nurses that have management functions (floor manager, unit manager, etc) during their assignment will also be considered specialty.

Case 2:23-cv-01597-JFC-RAL Document 1-6 Filed 09/05/23 Page 64 of 153

CONTACT CHECKLIST

Point of Contact	
Administrator: Name: LindSay fatipik	DON: Name:
E-mail: 1 portyak@boulde howithon	'E-mail:
Phone: 330-321-7791	Phone:
Scheduler/Staffing Coordinator: Name:	Other:
E-mail:	
Phone:	

Type of Facility: Uursing + In- no.	
Size/Number of Beds: (170	
Main Need (Discipline): STNA+LPN	
Currently Using Agency? (J0)	

- 1 Who (ex: OR Nurse, ER Nurse, Med Tech, Telemetry, Nurse Aide etc.) ?
- 2 What (ex: education requirements, clinical requirements, specific years of experience, male or female, height requirements etc.) ?
- 3 When (ex: length of assignment, specific schedule/days, start date etc.)?
- 4 Where (ex: if multiple locations/wings, where is the help needed)?

12

EXHIBIT 2

Billing Information

Billing/Invoice	
Contact Name: Ind say Patrial	Title: Administrator
Phone Number: 330-321-7791	E-mail Address: 1 portyale a boulder thea litro

Company Billing Name:	Almon Healthcan	110
Billing Address: 1311) Market St AK	
Involcing Preference:	(√) E-mail	() Mail
Payment Preference: Card	() ACH (\⊅Che	ck () Credit
OT Rate:		Holiday Rate:
MSP/VMS fee (if applicab	lel:	
Administrative fees (if applicab		ng requirements:

13

Contingent Staffing Invoice

DNA

Dedicated Nursing Associates, Inc \$30. William Penn Hey Rt 22, Salte 201 Demont, PA 15026 (555) 149-6013

Akron Healthcare LLC, d/b/a-Highland Square Nursing and Rehal 1211 West Market Street Akron - OH 44212

INVOICE Invoice No. 160067 Date 06/14/2011

Terms PO Number

Please Send Payments to:
Dedicated Nursing Associates Inc.
6356 William Pen Hay R. 222, Suite 201
Delmont, PA 15626
Thank Too En Aldowing Us the Privilege of Serving You!
All Invoices that are past due per the terms of the contract will be charged interest at a rate of 1,5%.

Notice the contribute and framework condition and condition and the condition and a second se

Dedicated Nursing Associates, Inc. 6536 William Penn Hwy Rt 22 Suite 201 Delmont, PA 15626

Invoice

Date	Invoice #
19/1/2019	3170i

Bill To	
Akron Healthcare LLC 1211 West Market Street Akron, OH 44313	

			P.O. No.	Terms	Project
				Net 30	
Quantity		Description	******************	Rate	Amount
225	Interest Due on the Following Brootee #160087			0.	015 3.
			() (h.	Total	\$3.3

EXHIBIT 3

Dedicated Nursing Associates, Inc. 6536 William Penn Hwy Rt 22 Suite 201 Delmont, PA 15626

To: Akron Healthcare LLC 1211 West Market Street Akron, OH 44313

Statement

Date 10/8/2019

				Amount Due	Amount Enc.
				\$228.38	
Date		Transaction		Amount	Balance
K614/2019 0:01/2019	INV #16087. Due 07:14:20 INV #3170i. Due 10:31:2015	 Orig. Amount \$225.00 Orig. Amount \$3.38. 		225.00 3.33	225.0 228.3
CURRENT	1-30 DAYS PAST DUE	31-80 DAYS PAST DUE	61-90 DAYS PAST DUE	OVER 90 DAYS PAST DUE	Amount Due

EXHIBIT 4

MEDICAL STAFFING AGREEMENT

THIS MEDICAL STAFFING AGREEMENT ("Agreement"), made 4th day of March, 2019, between DEDICATED NURSING ASSOCIATES, INC. ("DNA"), a Pennsylvania corporation having a place of business at 6536 William Penn Highway Rt. 22, Suite 202, Delmont, Pennsylvania 15626,

A N D

Belle Springs Health and Rehabilitation ("Contractor"), having its principle place of business at 221 North School Street, Bellefontaine, Ohio 43311.

WHEREAS, DNA is in the business of providing registered nurses, licensed practical nurses, certified nursing aides, home health aides and other medical professionals ("Employee" or "Employees") with particular skills and experience; and

WHEREAS, Contractor is in need of personnel with the skill and experience provided by DNA

NOW, THEREFORE, in consideration of the covenants contained herein and intending to be legally bound, the parties hereby agree as follows:

 EMPLOYEES TO BE PROVIDED
 The Employees to be provided include, but are not limited to, the following: RN's,
 LPN's, CNA's, HHA's and NA's

QUALIFICATIONS OF EMPLOYEES

DNA will ensure that Employees to be provided shall possess the qualifications required to perform the work for which they are contracted to provide in their particular field of practice. They shall also possess the required qualifications in the areas of education, certification, license, Physical and Mantoux test and criminal clearances, as required.

DNA AS EMPLOYER

Contractor shall not be responsible for payment of wages, salaries, and other compensation, fringe benefits, unemployment insurance, workers' compensation, social security, or other payroll taxes for staff provided to Contractor by DNA. Further, DNA shall be the employer of all persons

Contractor shall be responsible for all expenses incurred by DNA Employees relating to patient care (by way of example only, gloves) while on assignment to Contractor under this

IN ENVEROPE ID: 391-900A4-3530-4040-AGE1-60A30CAEF8FA

COMPLIANCE WITH APPLICABLE LAW

DNA and Contractor shall comply with the Fair Labor Standards Act, the Occupational Safety and Health Act ("OSHA"), Immigration Reform and Control Act, the Health Insurance Portability and Accountability Act ("HIPAA"), and all other applicable federal, state, and local statutes, laws, ordinances, regulations and standards including, but not limited to, equal employment opportunity, civil rights, anti-discrimination, wage and hour, privacy and Joint Commission, whether as presently enacted or as hereafter amended. Notwithstanding the above, it is agreed that Contractor is primarily responsible for compliance with OSHA and comparable state laws and regulations thereunder, to the extent those laws and regulations apply to Employees assigned to Contractor. This responsibility includes, but is not limited to, required information and training in site-specific protocols, the facility exposure control plan and available personal protective equipment. Contractor will maintain documentation regarding training and related obligations hereunder, and make this documentation available to DNA upon request. Contractor will provide post-exposure evaluation and follow-up in accordance with OSHA standards.

CONFIDENCE OF INFORMATION

- A. Contractor shall keep in confidence all information relating to the methods of operations, trade secrets, business plans, business opportunities, finances, strategic planning and development, research, development, personnel data, recruiting, compensation, billing, and all other confidential knowledge, data and information related to the business and affairs of DNA that may be acquired in furtherance of the relationship contemplated by this Agreement. During and after the term of this Agreement, Contractor shall not, without the prior written consent of DNA, publish, communicate, divulge or disclose any such information.
- B. The parties hereto agree to comply with any and all federal or state laws or regulations that have or may become effective during the term of this Agreement, including, but not limited to HIPAA and any amendments, rules and regulations promulgated thereunder. The parties further agree to execute any additional documents that may be required under HIPAA, including, but not limited to, a Business Associates Agreement.

INDEMNIFICATION

11. INDEMNIFICATION

DNA and Contractor shall indemnify, hold harmless, and, upon request, defend the other party and their respective subsidiaries, affiliates, directors, officers, employees, agents and independent contractors, from and against all liens, claims, charges, causes of action of any type, whether in law or equity, liabilities, damages, losses and expenses including, but not limited to, interest, penalties, reasonable attorney's fees and costs of suit, arising out of or in connection with their own acts or omissions, whether in whole or in part, relating to their obligations pursuant to this Agreement. this Agreement.

PROFESSIONAL LIABILITY INSURANCE

Each party to this Agreement shall obtain, at its own cost, professional liability insurance covering its own act or omissions. Each shall maintain such insurance in amounts not less than Two Million (\$2,000,000.00) Dollars per occurrence and Six Million (\$6,000,000.00) Dollars

ADMINISTRATIVE LINK

For the purpose of facilitating the services contemplated by this Agreement, Contractor and DNA each shall designate an administrative employee to be available for such purpose

6. COMPENSATION CTIME RECORDS: Contractor shall compensate DNA for its services in accordance with the schedule set forth in Exhibit "A" hereto, which is incorporated by reference and made part of this Agreement. For the purpose of compensation, DNA shall submit documentation in the form of time records for the services provided to Contractor. Contractor, or its authorized representative, shall be responsible for verifying that the time records are accurate.

SCHEDULING AND SUBSTITUTE STAFF

- A. Contractor must immediately notify DNA of any changes to the agreed upon staffing schedule for Employees. Contractor is not authorized to accept a schedule change that is only discussed with an Employee and not approved in advance by DNA. If the as only unseased with an employee working fewer hours than scheduled, failure to give notice to and receive consent from DNA may result in a charge for the originally scheduled hours. If a schedule change results in an Employee working over forty (40) hours in one week for DNA, and if there is no agreement to the contrary, Contractor will be charged the overtime billing rate for any hours that were not approved in advance by DNA for the Employee.
- B. DNA shall use its best efforts to replace regularly scheduled staff that are unavailable on a given day due to an illness or paid time off, or because of an emergency, vacation or holiday; however, DNA cannot guarantee that it can or will provide substitute staff.

HIRING OF EMPLOYEES BY CONTRACTOR AND CONVERSION FEE

8. HIRNG OF EMPLOYEES BY CONTRACTOR AND CONVERSION FEE
Contractor may wish to employ directly an Employee who has been supplied by DNA. In
the event of such a conversion to the employ of Contractor or to another employer to whom
Contractor refers such Employee, Contractor agrees to pay a conversion fee. The conversion fee
is \$15,000.00 for an RN, \$12,000.00 for an LPN, \$9,000.00 for a CNA and \$9,000.00 for a HHA
or NA. The conversion fee will be reduced by \$200.00 for each 40 hours of weekly services
performed while on assignment to the Contractor, however in no event will there be any less than
a \$6,000.00 conversion fee for any position. The same calculation will be used if Contractor
converts a DNA Employee to part-time status. Again, the conversion fee will not be less than
\$6,000.00

A. The conversion fee is payable if Contractor hires the DNA Employee assigned, regardless of the employment classification, on either a permanent, temporary (including temporary assignments through another agency) or consulting basis within six (6) months after the last day of the assignment. Contractor also agrees to pay a conversion fee if the DNA Employee assigned to Contractor is hired by a subsidiary, other related company or any other entity or business as a result of referral of the Employee by Contractor.

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13. GENERAL LIABILITY INSURANCE

Contractor shall maintain accident and general liability insurance covering the premises where DNA Employees will perform services hereunder, as well as any Contractor owned or leased vehicles that DNA Employees may use in the course of their work pursuant to this Agreement. Upon request of DNA, Contractor shall provide a copy of all insurance policies demonstrating compliance with this paragraph.

INDEPENDENT STATUS

- A. In the performance of their respective duties under this Agreement, DNA and Contractor shall remain independent contracting entities, and neither shall be deemed to be the employer or employee of the other for any purpose whatsoever. The relationship between the parties shall at all times be that of independent contractors. No provision of this Agreement is intended to, or shall be construed, to render one party an employee, servant or partner of the other.
- B. In the event that the Internal Revenue Service or another government agency questions or challenges the independent contractor status of either DNA or Contractor, both DNA and Contractor, upon receipt by either of them of notice from the Internal Revenue Service or other government agency, shall promptly notify and afford the other party the opportunity to participate in any discussion or negotiation with the Internal Revenue Service or other government agency, irrespective by whom such negotiations were initiated, to the extent permitted by the Internal Revenue Service or other government

COMMUNICATION WITH STAFF

Contractor shall not communicate directly with DNA Employees outside of the assignment All communications regarding staff scheduling with DNA Employees, whether written. verbal, or in person, shall be relayed through DNA unless otherwise agreed to in writing by both parties. See also paragraph 7.A. hereof.

NO SOLICITATION BY CONTRACTOR

During the term of this Agreement, Contractor shall not solicit or attempt to solicit, either directly or indirectly, the business or trade of DNA for Contractor's benefit or the benefit of any other person or entity to the exclusion of DNA, nor shall Contractor request or allow anyone to do

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CHANGES TO AGREEMENT

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Dedicated Nursing Associates, Inc.: 6536 William Ponn Highway Rt 22

Suite 202

Delmont, Pennsylvania 15626

Contractor:

221 North School Stree

Bellefontaine, Ohio 43311

CHOICE OF LAW/VENUE

This Agreement shall be governed by and construed in accordance with the laws of the Commonwealth of Pennsylvania, without reference to any conflicts of law principles thereof. In addition, any claims brought hereunder shall first attempted to be mediated informally by the parties. In the event mediation is unsuccessful, then any litigation brought hereunder must be brought in the Court of Common Pleas of Westmoreland County, Pennsylvania, or the U.S. District Court for the Western District of Pennsylvania, to the extent federal law or federal diversity jurisdiction would apply.

EXECUTION

This Agreement is executed by duly authorized officers, employees or agents of the parties on the dates below, and with the intent to be legally bound hereby

D	Dedicated Nursing Assoc	
By:	Julidita Kasinda	Title: Account Representative Dated: 5/9/2019
Ву:	Chris Brant	Title: Contract Administrator Dated: 5/9/2019
[Auth	orized Representatives]	
Entity	Contractor: Bille Spans	Atursing + Rehalo
Ву:	(Hohmank	Title: Almanth Dated: 45

Stille: Almansia Dated: 449 OH 5-8-19 [Electronic signature/verification has the same legal significance as writing]

7

R

Dedicated Nursing Associates, Inc Contract Forms	DNA	
DNA Contract Compliance	DNA [National Nations of Association Max.	
Document Title: Joint Commission Compliance Form	Document Number:	
	Effective Date: 01/13/2016	
	Revision Date:	
	Approved By: D.R./C.W.	
	Page Number: Page 9 of 9	

Parating Association, Inc., (BMA), as a John Commission contribut arganization, no unnarrage our clients in

- Provide an arrangement of the West Sense producement of the New of Very Evaluation to comparison of the New Producement of the New of Americans and particular througher proper to provide 30% and work of over producement of Sense in the New Ordering to the complete the acceptant Agrees in provide 30% and of the Sense of the Sense of New Ordering to the New Ordering as acceptant of 10%. Agrees in provide 30% and of the Sense of the Sense of New Ordering the New Ordering as acceptant of 10%. The Sense of New Ordering the New Ordering the Sense of New Ordering and Sense of New Ordering as a sense of New Ordering and New Orderi

Any offend of Condessor Humany Assessment, Inc. is necessary to report a complaint or comment to the Laint Connection within 14 colonge of the connection of the complaint. You may context the Just Connections for

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5/9/2019

4-49 CH 5/8/19

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Training/Orientation

Contractor agrees to pay for all orientation/training hours.

Signed time cards that authorize a paid lunch break will be billed to the Contractor.

Any hours exceeding 40 hours in single payroll week (Sunday through Saturday) will be billed at time and a half (1 1/4).

Cancellation Policy for Per Diem Personnel

Per Diem: Any shift that is cancelled with less than two (2) hours notice will result in a four (4) hour billing charge.

Cancellation Policy for Travel/Contract Assignment:

 Travel/Contract Assignments are guaranteed. If cancelled (for any reason), weeks agreed upon will be billed in full. If an employee works part of the assignment, that time and the unworked portion will also be billed. The billed time is not to exceed agreement unless an extension is required and documented. Minimum contract assignments are four (4) weeks.

Interest: Any invoice beyond 30 days past due will be charged interest at a rate of 1.5%.

Exhibit A

Per-Diem Rates	Weekday	Weekend
a. State Tested Nursing Assistant	\$29.00/Hr	\$30.00/Hr
b. Licensed Practical Nurse	\$42.00/Hr	\$43.00/Hr
c. Registered Nurse	\$53.00/Hr	\$54.00/Hr
Contract Assignment Rates		
a. State Tested Nursing Assistant	\$36.00/Hr	\$37.00/Hr
b. Licensed Practical Nurse	\$49.00/Hr	\$50,00/Hr
c. Registered Nurse	\$59.00/Hz	\$61.00/H=

^{*} Travel/Contract Assignments are typically (13) thirteen weeks in duration, however never less than (4) four weeks and encompass all costs, e.g. lodging and travel.
Any new service not listed will be added by an addeadum attachment.

Weekend Bill Rates

Contractor agrees to pay the weekend bill rates for the following days and shifts worked:

 Saturday- 7:00 am-3:00 pm 3:00 pm-11:00 pm 11:00 pm-7:00 am • Sunday- 7:00 am-3:00 pm 3:00 pm-11:00 pm

11:00 pm-7:00 am

Holiday Policy The following days will be billed at 1 % the hourly rate:

- New Year's Eve 3:00 p.m. through New Year's Day
- Martin Luther King Jr. Day
- Easter Day - Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Christmas Eve 3:00 p.m. through Christmas Day

10

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CONTACT CHECKLIST

Point of Contact	
Administrator: Name: Chock HElmondollo	DON: Name: Tracy Davids
E-mail: Chelmendulage bowderhe-lifecone	E-mail: Toloniels & boulder heather
Phone: 937-599-5123	Phone:
Scheduler/Staffing Coordinator:	Corporate Point of Contact:
Name: 3	Name:
E-mail:	Email:
Phone:	Phone:

Type of Facility: SNF	
Size/Number of Beds: 99	-
Main Need (Discipline):	
Currently Using Agency? YeS	

- 1 Who (ex: OR Nurse, ER Nurse, Med Tech, Telemetry, Nurse Aide etc.) ? STNA
- 2 What (ex: education requirements, clinical requirements, specific years of experience, male or female, height requirements etc.)?
 Actual CPR, LTC Storance-acute code; and got of you on MST
- 3 When (ex: length of assignment, specific schedule/days, start date etc.)? OPEN
- 4 Where (ex: if multiple locations/wings, where is the help needed)?

^{**} Specialty is considered any unit outside of Long Term Care, Med/Surg, Telemetry. All Registered Nurses that have management functions (floor manager, unit manager, etc.) during their assignment will also be considered specialty.

Billing Information

Contact Name: Joyce Martin	Title: Business office Mc
Phone Number: 937-599-5723	E-mail Address: Jwalance but Ache.
Corporate Group Affiliation:	WE Budder HEATIN CON
Company Billing Name: 15 1 0	incs Muising + Retab
Billing Address: 221 North Sc	
nvoicing Preference: () E-mai	
Payment Preference: () ACH Card	(YCheck () Credit
OT Rate:	Holiday Rate:
MSP/VMS fee (if applicable):	
Administrative fees (if applicable) & Spe	ecial billing requirements:

EXHIBIT 5



Dedicated Nursing Associates, Inc 6536 William Penn Hwy Rt 22, Suite 201 Delmant, PA 15626 (855) 349-6013

Boulder - Beile Springs health and Aehabilitation 221 North School Street Bellefontaine , QH 43311

INVOICE

Shift Worked	Temp	Dept.	Desc.	Rate	Units	Amount Due
:30A - 06:45P	Davis, Kelana (LPN)	LTC	54 Regular	42.00	11.75	493.50
Boulder - Beil	e Springs Health and	Rehal	bilitation S	ubtotal:	11.75	493.50
	Worked :30A - 06:45P	Worked Temp i:30A - 06:45P Davis, Keiana (LPN)	Worked Temp Dept. i:30A - 06:45P Davis, Kelana (LPN) LTC	Worked Temp Dept. Desc. i:30A - 06:45P Davis, Keiana (LPN) LTC 54 Regular	Worked Temp Dept. Desc. Rate	Worked Temp Dept. Desc. Rate Units 6:30A - 06:45P Davis, Keiana (LPN) LTC 54 Regular 42.00 11.75

Please Send Payments to:
Dedicated Nursing Associates Inc
Dedicated Nursing Associates Inc
Dedicated Nursing Associates Inc
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Definence, 14, 156(m), pl. 22, 5ucle 201
Definence, 14, 156(m), pl. 25, 5ucle 201
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Definence, 14, 156(m), pl. 25, 5ucle 201
Definence, 15, 156(m), pl. 25, 5ucle 201
Definence, 156(m), pl. 25, 5ucle 20

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INVOICE Invoice No. 159847 Date 06/14/2019 Page |

Terms PO Number

Date	Shift Worked	Temp	Dept.		Desc.	Raça	Unite	Amount Due
06/02/19 Sun	07:00P - 07:00A	Anderson, Annabeth (STNA)	LTC	S1	Regular Weekend	37.00	11 50	425.50
06/05/19 Wed	07:00P - 07:00A	Anderson, Annabeth (STNA)	LTC	51	Redular	36.00	11.50	414.00
06/07/19 Fri	07.00P - 07:00A	Anderson, Annabeth (STNA)	LTC	51	Regular	36.00	11.50	414.00
05/02/19 Sun	07:00A - 07:00P	Banks, Cassandra (STNA)			Regular Weekend	37.00	11.50	425.50
06/04/19 Tue	07:00A - 07:00P	Buchenroth, Taima (STNA)			Regular	36.00	12.00	432.00
06/05/19 Wed	07:00A - 07:00P	Buchenroth, Taima (STNA)			Regular	36.00	12.00	432.00
05/08/19 Sat	07:00A - 07:00P	Buchenroth, Taima (STNA)			Regular Weekend	37.00	12.00	
06/02/19 Sun	06:45P - 07:15A	eneh, onyedika (STNA)			Regular Weekend			444 00
06/05/19 Wed	06:45P - 07:30A	eneh, onyedika (STNA)			Regular weekeng	37.00	12.50	462.50
06/07/19 Fri	07:00P - 07 15A	eneh, onyecika (STNA)				36.00	12.75	459.00
05/08/19 Sat	06:45P - 07:15A	eneh, onyedika (STNA)			Regular	36.00	12.25	441.00
		Dieri, Oriyeana (Strika)	LIC	21	Regular Weekend Overtime Weekend	37.00 55.50	2.50	92.50
06/05/19 Wed	06:30A - 07:15P	Leffel, Heather (LPN)	TO		Regular	49.00	9.50	527.25
06/04/19 Tue	06:45P - 07:15A	Nwoye, Emmanuel (STNA)			Regular	36.00	12.25	600.25
06/06/19 Thu	06 45P - 07,15A				Regular	36.00	12.00	432.00
		(3)(12)	LIC		Regular	36.00	8.00	144.00 288.00
06/07/19 Fri	06:45P - 07:15A	Nwoye, Emmanuel (STNA)	LTC		Regular	35.00	12.00	432.00
06/08/19 Sat	06:45P - 07:15A				Regular Weekend	37.00	4.00	148.00
				51	Overtime Weekend		8.00	444.00
06/02/19 Sun	07:00P - 07:00A	Redman, Chardana (STNA)	LTC		Regular Weekend	37.00	11.50	425.50
06/03/19 Mon	09:00P - 07:00A	Redman, Chardana (STNA)			Regular	36.00	10.00	360.00
06/04/19 Tue	07:00P - 07:00A	Redman, Chardana (STNA)			Regular	36.00	12.00	432.00
06/06/19 Thu	07:00P - 07:00A				Regular	36.00	6.50	234.00
					Overtime	54.00	5.00	270.00
06/03/19 Mon	07:00P - 07:00A	Rockard, Amaris (STNA)	LTC	51	Regular	36.00	12.00	432.00
06/05/19 Wed	07:00P - 07:00A	Rockard, Amaris (STNA)			Regular	36.00	12.00	432.00
06/06/19 Thu	07:00P - 07:00A					36.00	12.00	432.00
	В	elle Springs Health and Se						

Please Send Payments to:
Decicated Murking Associates for
\$556 Wilkiam Panel Hay 81.22, Subt 201
Delimost Pa 15628
Delimost Pa 15628
There for the Alkening Us the Privilege of Serving You!
Their You're Alkening Us the Privilege of Serving You!
All invokes that are pass due per the terms at the contact will be charged interest at a rate of 1,5%

Case 2:23-cv-01597-JFC-RAL Document 1-6 Filed 09/05/23 Page 70 of 153



Dedicated Nursing Associates, Inc 6536 William Penn Hwy Rt ZZ, Suite 201 Delmont, PA 18675 (853) 349-6013

Belle Springs Health and Rehab Practic Contract 221 North School Street Bellefontaine , OH 43311

INVOICE

Yerms PO Number

Date	Shift Worked	Temp	Dept		Desc.	Rate	Units	Amount Due	
06/11/19 Tue	07:00F - 07:00A	Anderson, Annabeth (STNA)	LTC	\$1	Regular	36.00	11.50	414.00	
06/12/19 Wed	07:00P - 07:00A	Anderson, Annabeth (STNA)	LTC			36.00			
06/12/16 75				51	Regular	36.00	6.00	216.00	
06/15/19 180	07:00P - 07:00A	Anderson, Annabeth (STNA)	LTC	51	Regular	36.00	11.50	414.00	
06/15/19 Sat	07:00P - 07:00A	Anderson, Annabeth (STNA)	LTC	\$1	Regular Weekend	37.00			
06/03/19 Mon	07:304 - 07:150	Banks, Cassandra (STNA)			Overtime Weekend	55.50			
06/04/19 Tue	07:30A - 07:00B	Banks, Cassandra (STNA)			Regular	36.00	11.25		
06/13/19 Thu	07.00A - 07:00P	Banks, Cassandra (STNA)			Regular	36.00	11.00		
06/14/19 Fri	07:00A - 07:00P	Banks, Cassandra (STNA)			Regular	36.00	11.50	414.00	
		Banks, Cassandra (STNA)			Regular	36.00	11.50	12 11-40	
06/09/19 500	07:664 - 07:136	Buchenroth, Taima (STNA)			Regular Weekend	37.00	11.50	425.50	
06/13/19 Thu	07.00A - 07.00P	Buchenroth, Taima (STNA)			Regular Weekend	37.00	11.50	425.50	
06/14/19 Fri					Regular	36.00	7.50	270.00	
		Buchenroth, Taima (STNA)			Regular	36.00	11.50	414.00	
06/15/10 6+	07:00P - 07.00A	ench, onyedika (STNA)			Regular	36.00	11.50	414.00	
06/10/10 44==	06:45P - 07:15A	eneh, onyedika (STNA)			Regular Weekend	37.00	12.00	444.00	
06/10/19 Mon	06:30A - 07:15P	Leffel, Heather (LPN)			Regular	49.00	12.50	512,50	
06/12/19 Wed	UB:30A - 09:30P	Leffel, Heather (LPN)			Regular	49 00	14.50	710.50	
06/15/19 (10	11 00A - 07:00P	Leffel, Heather (LPN)			Regular	49.00	7.50	367.50	
00/12/19 280	U613UA - 07;45P	Leffel, Heather (LPN)	LTC		Regular Weekend	50.00	5.50	275.00	
06/10/19 Mon	06:460 - 07:154	Nwoye, Emmanuel (STNA)			Overtime Weekend	75.00	7.25	543.75	
06/12/19 Wast	06:45P 07:15A				Regular	36.GO	12.00	432.00	
06/15/19 Sat	06:45P - 07 15A				Regular	36.00	12.00	432 00	
06/11/19 Tue	07.000 07.13A				Regular Weekend	37.00	12.00	444.00	
06/11/19 106	07:00P - 07:00A					36.00	11.50	414.00	
05/13/19 580	06130P - 07:00A				Regular Weekend	50.00	12.00	500.00	
06/10/19 MON	97100P - 97100A	Rookard, Amaris (STNA)	LTC	51	Regular	36.00	11.50	414.00	
00/12/19 Wed	07:00P - 07:00A	Rookard, Amaris (STNA)	LTC	Sl	Regular	36.00	11.50	414.00	
U0/14/19 Fri						36.00	11.50	414.00	
Belle Springs Health and Rehabilitation Contract Subtotal: 298.00 11.873.75									

Please Send Payments to: brideard Mystria Associates Tr. 6738 William Pearl new Rt 22, Suce 201 Delmont, Pa 15626 Them thouse Association (as the thirties at Serving Yout ... Them thouse shallow faith the thirties of the contract with be charged interest at a rate of 1,5% at his cooks that are pass the pas the harms of the contract with be charged interest at a rate of 1,5% to the cooks that are pass the pass the harms of the contract with be charged interest at a rate of 1,5% at his cooks that are pass the pass the harms of the contract with be charged interest at a rate of 1,5% at his cooks that are pass the pass the harms of the contract with the contract with the contract of the c

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 07:00P - 07:00A
 Rookerd, Amais (STNA)
 LTC S1 Regular
 36.00
 11.50
 414.00

 Bella Springs Health and Rehabilitation Contract Subtobal:
 322.00
 13,958.63

 Involce Total:
 322.00
 13,958.63

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Dedicated Nursing Associates, Inc 5516 William Penn Hwy Rt 22, Suite 201 Delmont, PA 15626 (855) 349-6013

Beile Springs Health and Rehabilitation Contract 221 North School Street Bellefontaine , OH 43311

INVOICE Invoice No. 160754 Date 06/28/2019 Page 1

Terms PO Number

					30	1	
Date	Shift. Worked	Temp	Dept		Rate	Units	Amount Dus
06/19/19 Wed	07:00P - 07 00A	Anderson, Annabeth (STNA)	LTC	S1 Regular	36.00	12.00	432.00
06/18/19 Tue	07:00A - 07.00P	Banks, Cassandra (STNA)		S1 Regular	36.00		
06/19/19 Wed	07 15A - 07:00P	Banks, Cassandra (STNA)	LTC	S1 Regular		11.25	405.00
06/22/19 Sat	07:00A - 07:00P	Banks, Cassandra (STNA)		51 Regular Weekend		21.50	
06/18/19 Tue	07:00A - 07:00P	Buchenroth, Taima (STNA)		54 Regular	36.00	11.50	414.00
06/19/19 Wed	07:00A - 07:00P	Buchenroth, Taima (STNA)		S4 Regular		11.50	414.00
06/22/19 Sat	07 30A - C7 00P	Buchenroth, Taima (STNA)		S4 Regular Weekend		11.50	425.50
06/16/19 Sun	07:00P - 07:00A	eneh, onyedika (STNA)		S1 Regular Weekend		12.00	444.00
06/19/19 Wed	07.00P - 07:00A	eneh, onvedika (STNA)		S1 Regular		11.50	414.00
06/20/19 Thu	07:00P - 07:00A	eneh, onyedika (STNA)		51 Regular	36.00		414.00
06/07/19 Fri	06 30A - 67:00P	Leffel, Heather (LPN)		S1 Regular	49.00		588.00
	Note 36 hours gi	paranteed as per contracted.	C		73.00	12.00	200.00
06/08/19 Sat	06:30A - 05:45P	Leffel, Heather (LPN)		S1 Regular Weekend	50.00	11 75	587 50
	Note 36 hours gr	paranteed as per contracted.	JC.		30.00	14.73	267 30
06/16/19 Sun	06:30A - 07.15P	Leffel, Heather (LPN)		SI Regular Weekend	50.00	12.25	612.50
06/17/19 Mon	06:30A - 07:00P	Leffel, Heather (LPN)		S1 Regular		12.00	588.00
05/19/19 Wed	06:30A - 08:00P	Leffel, Heather (LPN)		S1 Regular	49.00		637.00
06/20/19 Thu	06:30A - 07:00P	Leffel, Heather (LPN)		S1 Regular	49.00	2.75	134.75
				SI Overtime	73.50		679.88
06/22/19 Sat	06:30A - 11:30P	Leffel, Heather (LPN)	LTC	\$1 Overtime Weekend			
06/16/19 Sun	06:45P - 07:15A	Nwoye, Emmanuci (STNA)		S1 Regular Weekend	37.00		444.00
05/20/19 Thu	07:00P - 07:00A	Nwoye, Emmanuel (STNA)	LTC	St Regular	36.00		414.00
06/21/19 Fn	07:00P - 07:00A	Nwoye, Emmanuel (STNA)	LTC	S1 Regular	36.00	11.50	414.00
06/18/19 Tue	07:00P = 08:00A	Redman, Chardana (STNA)	LTC	SS Regular	36.00		450.00
06/22/19 Sat	07:00P - 07:00A	Redman, Chardana (STNA)	LTC	SS Regular Weekend	37.00		425.50
06/11/19 Tue	07:00P - 07.30A	Rhinehart, Letitia (LPN)	LTC	S1 Regular	49.00		588.00
06/16/19 Sun	07:00P - 06:45A	Rhinehart, Letitia (LPN)		S1 Regular Weekend	50.00		562.50
06/20/19 Thu	07:15P - 07.15A	Rhinehart, Letitia (LPN)		51 Regular	49.00		563.50
06/19/19 Wed	07:00P - 07:00A			S1 Regular		11.50	414.00

Please Send Payments to:
Dedicated Murring Associates Inc.
\$358 William Ren Nay Rt 22, State 201
Celmont, P4 13436
Train Ren Var Ministry 18 18 Principle of Serving Inc.
Train Ren Var Ministry 18 Inc. Principle of Serving Inc.

All involves that are past this bor the fermis of the contract will be charged intercal at a rate of 3 SM.



Dedicated Nursing Associates, Inc 6536 Wilhers Penn Hwy Rt 22, Suite 201 Delmont, PA 15626 (855) 349-6013

INVOICE

Terms PO Number

					20		
Dete	Shift Worked	Temp	Dept .		Rate	Units	Amount
06/16/19 Sun	07:00P - 07 00A	Anderson, Annabeth (STNA)	LTC	S1 Regular Weekend	37.00	11.50	425.50
06/25/19 Tue	07:00P - 07:00A	Anderson, Annabeth (STNA)	LTC	S1 Regular	36.00		414.00
06/25/19 Wed	07:00P - 07.00A	Anderson, Annabeth (STNA)	LTC	S1 Regular			414.00
06/29/19 Sat	07.00P - 07:00A	Anderson, Annabeth (STNA)	LTC	S1 Regular Weekend			425.50
06/23/19 Sun	07:00A - 07:00P	Banks, Cassandra (STNA)	LTC	S1 Regular Weekend	37.00	11.50	425.50
06/27/19 Thu	07:00A - 07:00P	Banks, Cassandra (STNA)	LTC	S1 Regular			414.00
06/29/19 Set		Banks, Cassandra (STNA)	LTC	S1 Regular Weekend			370.00
06/27/19 Thu	07:00A - 07:00P	Buchenroth, Taima (STNA)	LTC	S4 Regular	36.00	11.50	414.00
06/28/19 Fri	07:00A - 07.00P	Buchenroth, Taima (STNA)	LTC	S4 Regular	36,00	11.50	414.00
06/24/19 Mon	06 15P - 08:00A	Cole, Shalitta (LPN)	LTC	S2 Regular			649.25
		Cole, Shalitta (LPN)	LTC				649.25
06/29/19 S at		Cole, Shalitta (LPN)	LTC	S2 Regular Weekend			675.00
06/29/19 Sat	07 00P - 07:00A	eneh, onyedika (STNA)					425.50
06/26/19 Wed	D6:30A - 07:30P	Krystek, Linda (RN)	LTC	S1 Regular			737.50
66/23/19 Sun	11 15A - 06:30P	Leffel, Heather (LPN)	LTC	S1 Regular Weekend	50.00		337.50
06/24/19 Mon	06 30A - 08:15P	Leffel, Heather (LPN)			49.DO		649.25
06/26/19 Wed	06:30A - 07:30P	Leffel, Heather (LPN)	LTC	51 Regular			612.50
		Leffel, Heather (LPN)		51 Regular 51 Overtime	49.00 73.50	7.50	367.50 367.50
06/29/19 Sat	06:30A - 06:30P	Leffel, Heather (LPN)	LTC	51 Overtime Weekend	75.00		862.50
06/24/19 Mon	07:00P - 07:00A	Nwoye, Emmanuel (STNA)					414.00
06/26/19 Wed	07:00P - 07:00A	Nwoye, Emmanuel (STNA)					414.00
06/29/19 Sat	07:00P - 07:00A	Nwoye, Emmanuel (STNA)		_			425.50
06/23/19 Sun	07:00P - 07:00A	Redman, Chardana (STNA)					444.00
05/24/19 Mon	07:00P - 07:00A						432.00
05/25/19 Tue	07:00P - 07:00A						432.00
06/29/19 Sat	07:00P - 07:00A				37.00		148.00
					55.50		444.00
06/26/19 Wed	07:00P - 07:00A	Rookard, Amaris (STNA)					414.00

Please Send Payments to:
Declared Musting Resources Inc.
335 William Precision Inley 4: 27, Subt 201
Defront, P. 15026
Defront, P. 15026
All inventors Intelligence of Serving You!
All inventors that are part due per the terms of the convenct wid be charged interest et a rate of 1,5%

Case 2:23-cv-01597-JFC-RAL Document 1-6 Filed 09/05/23 Page 71 of 153

 Date
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 Units
 Amount Due

 05/28/19 Fri
 07/00P - 07/00A
 Rookard, Amaris (STNA)
 LTC SI Regular
 36.00
 11.50
 414.00

 Belle Springs Health and Rehabilitation Contract Subtotals:
 328.00
 14,033.125

 Invoice Total:
 338.00
 14,033.125

Date	Shift Worked	Temp	Dept.	Desc.	Rate	Units	Amount Due
		Redman, Chardana (STNA)	LTC	SS Regular SS Regular Holiday	36.00 54.00	7.00	252.00 270.00
07/02/19 Tue	07:00P - 07:00A	Wilder, Tenesha (STNA)	LTC	S1 Regular	36.00	12.00	432.00
		Wilder, Tenesha (STNA)		S1 Regular S1 Regular Holiday	36.00 54.00	5:00 2:00	180.00 378.00
		Wilder, Tenesha (STNA)		S1 Regular S1 Regular Holiday	36.00 54.00	7.00 5.00	252.00 270.00
07/06/19 Sat		Wilder, Tenesha (STNA)		S1 Regular Weekend S1 Overtime Weekend	37.00 55.50	4.00	148.00 444.00
	Ве	lle Springs Health and Re	habi		total:		15,747.38

DNA

Dedicated Nursing Associates, Inc 6536 William Penn Hwy Rt 22, Suite 201 Deimont, PA 15626 (855) 349-6013

INVOICE Invoice No. 161538 Date 07/12/2019 Page 1

							Terms	PO Num	ber
							30		
	Date	Shirt Worked	Temp	Dept.		Deec.	Ratu	Units	Amount
		07:00P - 07 00A	Anderson, Annabeth (STNA)	LTC		Regular Regular Holiday	36.00 54.00		180.00 351.00
	07/05/19 Fri	07:00P - 07:00A	Anderson, Annabeth (STNA)	LTC	51	Regular	36.00		414.00
	07/06/19 Sat	07 00P - 07:00A	Anderson, Annabeth (STNA)			Regular Weekend	37.00		425.50
	07/02/19 Tue	07:00A - 07 00P	Banks, Cassandra (STNA)	LTC	S1	Regular	36.00		414.00
	07/03/19 Wed	07:15A - 07 00P	Banks, Cassandra (STNA)	LTC	51	Regular	35.00		405.00
	07/02/19 Tue	07:00A - 07:00P	Buchenroth, Taima (STNA)			Regular			414.00
	07/01/19 Mon	06:15P - 07:30A	Cole, Shalitta (LPN)	LTC	52	Regular	49.00		649.25
	07/02/19 Tue	06:00P - 07:15A	Cole, Shalitta (LPN)	LTC	S2	Regular	49 00		649.25
			Cole, Shalltta (LPN)	LTC		Regular Regular Holiday	49.00 73.50	8.00	392.00 404.25
۰	06/30/19 Sun	06:30A - 06:30P	Davis, Kelana (LPN)	LTC	\$4	Regular Weekend	50.00	11.50	575.00
	05/30/19 Sun	07:00P - 07:00A	eneh, onyedika (STNA)	LTC	Si	Regular Weekend	37.00	12.00	444.00
	07/01/19 Mon	07:00A - 07:15P	Hearock, Samantha (STNA)	LTC	\$1	Regular	36.00	11.75	423.00
	07/03/19 Wed	02:30P - 07:00P	Hearock, Samantha (STNA)	LTC	51	Regular	36.00	4.50	162.00
	07/04/19 Thu	07:00A - 07:00P	Hearock, Samantha (STNA)			Regular Holiday	54.00	12.00	648.00
	07/05/19 Fri	01:00P - 07:00P	Hearock, Samantha (STNA)	LTC	51	Regular	36.00	5.00	216.00
				LTC	S1 S1	Regular Weekend Overtime Weekend	37.00 55.50		212 75 374 63
	07/05/19 Fri			LTC		Regular Overtime	59.00 88.50	11.00	649.00
	06/30/19 Sun	06 30A - 07:00P	Leffel, Heather (LPN)	LTC	51	Regular Weekend	50.00	12.00	600.00
	07/02/19 Tue	06:30A - 07:30P	Leffel, Heather (LPN)			Regular	49.00		612.50
	07/03/19 Wed	06:304 - 07:00P	Leffel, Heather (LPN)	LTC	S1	Regular	49.00	12.00	588.00
				LTC	51 51	Regular Holiday Overtime Holiday	73.50 98.00	3.50	257.25 833.00
	07/05/19 Fri	06.30A - 07 DCP	Leffel, Heather (LPN)			Overtime			882.00
	06/30/19 Sun	07:00P - 07:00A	Nwoye, Emmanuel (STNA)	LTC	\$1	Regular Weekend			425.50
	57/01/19 Mon	07:00P - 07:00A				Regular			432.00

Please Send Payments to:
Dedicate Nursing Associates Inc.
6536 William Pen Hwy 10 22, Suite 201
Defront, PA 15626
Thank You's Parkinsing to the Phillips of Senting You!
All Invitors that are pertilian per fire terms of the contract will be charged interest at a rate of 1.5%



Dedicated Nursing Associates, Inc 6536 William Penn Hwy Rt 22, Suite 201 Delmort, PA 15626 (855) 349-6013

INVOICE

Date	Shift Worked	Temp	Dept.	Desc.	Ante	Units	Amount Due
07/03/19 Wed	06:30A - 06:30P	Davis, Keiana (LPN)	LTC	S1 Regular	42.00	12.00	504.00
	Boulder - Bei	le Springs Health and	Reha	bilitation Su	btotal:	12.00	504.00
					Invoice Total	12.00	\$504.00

Please Send Payments to:
Deficated Nursing Associates Tic
6536 william Penn Hayn R 22, Suite 201
Defmont, Pa 15626
Thank You Far Johnsing Us the Privilege of Serving You!
All invaces that are past due par the terms of the contract will be charged interest at a rate of 1.5%

Case 2:23-cv-01597-JFC-RAL Document 1-6 Filed 09/05/23 Page 72 of 153

Dedicated Nursing Associates, Inc.

6536 William Penn Hwy Rt 22 Delmont, PA 15626

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ŀ	n	v	a	B	c	e

Date	Invoice #
7/19/2019	T13117

Bill To	
Belle Springs Health and Rehab	
221 North School Street	
Bellefontaine, OH 43311	

		P.O. No	Terms	Project
			Net 30	
Quantity	Description		Rate	Amount
1 Kiana	Davis-Temp To Hire		12.00	12,000.0
conversion of the DN	SA field professional is not final until full paymen	t is received	Total	\$12,000.0

PARE	Worked	Temp	Dept.		Rate	Units	Amount Due
07/09/19 Tue	07 00P - 07:00A	Redman, Chardana (STNA)	LTC	S5 Regular	36.00	12.00	432.00
07/13/19 Sat	07 DOP - 07 DOA	Redman, Chardana (STNA)	LTC	SS Regular Weekend	37.00	12.00	444.00
U//11/19 Thu	07100P - 07100A	Wilder, Tenesha (STNA)	LTC	S1 Regular	36.00	12.00	432.60
	aen	e Springs Health and Reh	abilii	tation Contract Sub	total:	315.75	13.956.75
				Tow	nice Yatal	10 to	412 014 01



Dedicated Nursing Associates, Inc 6536 William Peon Hwy Rt 22, Suite 201 Delmont, PA 15626 (855) 349-6013

INVOICE Invoke No. 161703 Date 07/19/2019 Page 1

Terms PO Humber

Date		Shift Worked	Temp	Dept		Desc.	Rate	Unita	Amount
07/09/19	Tue	07:00A - 07:00P	Anderson, Annabeth (STNA)	LTC	51	Regular	36.00	11.50	414.00
07/10/19	Wed	07:00A - 07:00P	Anderson, Annabeth (STNA)	LTC	S1	Regular			414.00
07/13/19	Sat	07:00A - 07:00P	Anderson, Annabeth (STNA)	LTC	51	Regular Weekend	37.00		425.50
07/04/19	Thu	07:00A - 07:00P	Banks, Cassandra (STNA)			Regular Holiday	54.00		621.00
07/07/19	Sun	07:00A - 07:00P	Banks, Cassandra (STNA)	LTC	\$1	Regular Weekend			425.50
07/10/19	Wed	D7:00A - 07:00P	Banks, Cassandra (STNA)	LTC	51	Regular			414.00
07/11/19	Thu	02:00P - 07:00P	Banks, Cassandra (STNA)	LTC	S1	Regular	36.00		180.00
07/12/19		07:00A - 07:00P	Banks, Cassandra (STNA)	LTC	51	Regular			414.00
07/08/19	Mon	05:00P - 11:15P	Cole, Shalitta (LPN)	LTC	52	Regular	49.00		257.25
07/09/19			Cole, Shailtta (LPN)	LTC	52	Regular	49.00		637.00
07/13/19			Cole, Shalitta (LPN)	LTC	52	Regular Weekend	50.00		687,50
07/07/19	Sun	07:00A + 07:00P	Hearock, Samantha (STNA)	LTC	51	Regular Weekend	37.00		444.00
07/10/19	Wed	07:15A - 06:15P	Hearock, Samantha (STNA)	LTC	Si	Regular	36.00		378.00
				LTC		Regular Regular	35.00 36.00	5.00	216.00
07/12/19				LTC	51 51	Regular Overtime	36.00 54.00	10.50	378.00 54.00
07/08/19	Mon	06:30A - 07:15P	Krystek, Linda (RN)	LTC	51	Regular	59.00		722.75
07/11/19	Thu	06:30A - 07100P	Krystek, Linda (RN)	LTC	51	Regular	59.00		737.50
07/08/19	Mon	06:30A - 07:30P	Leffel, Heather (LPN)	LTC	51	Regular	49.00	12.50	612.50
07/10/19	Ned	05:30A - 07:00P	Leffel, Heather (LPN)	LTC	51	Regular	49.00		588.00
07/11/19			Leffel, Heather (LPN)	LTC	St	Regular	49.00		588.00
07/12/19 /						Regular Overtime	49.00 73.50		171.50 624.75
07/13/19	Sat	06:30A - 07:00P	Leffel, Heather (LPN)	LTC	Sí	Overtime Weekend	75.00		900.00
						Regular Weekend Regular Weekend	37.00 37.00	4.00	148.00 296.00
07/02/19 1	ne	07:00P - 07:00A	Redman, Chardana (STNA)			Regular	35.00		432.00
07/08/19 (Mon	07:00P - 07:00A	Redman, Chardana (STNA)	LTC	55	Regular			432.00

Please Send Payments to:
Declared Waren Q Associates Inc.
6536 William Feet new W. R. 22. Sixt. 201
Defining, DA 15516
Defining, DA 15516
Their Tour Pink Alliaming lie the revellage of Bening hau.
All invoces that are dark due per the terms of the contract will be charged interest at a rate of 1.5%.



Dedicated Nursing Associates, Inc 6536 William Penn Hay Rt 22, Suite 201 Delmont, PA. 15626 (835) 349-6013

INVOICE

Terms PO Number

Date	Shift Worked	Temp	Dept.		Desc.	Rate	Unite	Amount Due
07/14/19 Sun	97 00A - 07:00P	Anderson, Annabeth (STNA)	LTC	51	Regular Weekend	37.00	11.50	425 50
07/16/19 Tue	07:00A - 07:00P	Anderson, Annabeth (STNA)	LTC	SI	Regular	35.00	11.50	
		Anderson, Annabeth (STNA)		51	Regular	35.00 54.00	5.50	198.00
07/18/19 Thu	07 00A - 07 00P	Anderson, Annabeth (STNA)	LTC		Regular Overtime	35.00 54.00	5.50	198.00 324-00
07/19/19 Fri		Anderson, Annabeth (STNA)	LTC	S1	Overtime	54.00	11 50	621.00
07/14/19 Sun	06 15P - 07 30A	Cale, Shalitta (LPN)			Regular Weekend		13.25	662.50
		Cole, Shalitta (LPN)			Regular	49.00	12 50	612.50
07/15/19 Mon	07 00A - 07.00P	Hearock, Samantha (STNA)	LTC	51	Regular	36.00	11.50	414.00
07/18/19 Thu	07 15A - 07:00P	Hearock, Samantha (STNA)	LTC	51	Regular	35.00	11 25	405.00
		Hearock, Samantha (STNA)	LTC	S1	Regular Weekend	37.00	11.50	425.50
		Leffel, Heather (LPN)			Regular Weekend		12.00	600.00
07/15/19 Mon	06:30A - 07:15P	Leffel, Heather (LPN)	LTC	51	Regular	49.00	12.25	600.25
		Leffel, Heather (LPN)	LTC	51	Regular	49.00	10.50	514.50
07/14/19 Sun	07:00P - 07:00A	Redman, Chardana (STNA)	LTC	55	Regular Weekend	37.00	12.00	444.00
			LTC		Regular Regular	36.00 36.00	8.00	288.00 144.00
07/17/19 Wed	11:00P - 07:00A	Redman, Chardana (STNA)	LTC	55	Regular	36 00	8.00	286.00
			ŁTC		Regular Overtime	36.00 54.00	8.00	288.00 216.00
		Wilder, Tenesha (STNA)	LTC	S1	Regular Weekend	37.00	12.00	444.00
		Wilder, Tenesha (STNA)	LTC	SI	Regular	36.00	12.00	432.00
07/12/19 Fri				51	Regular Overtime	36.00 \$4.00	4.00	144 00 432 00
	Be	lie Springs Health and Reh	abilil	tati	on Contract Subt	total:	232.25	9,858.75
					Inv	sice Total	232-25	\$9,858.73

Please Send Payments to:
Doctardo flusing Associates Inc.
\$3536 William Feen Hey Rt 22, Suite 201
Delmost, Rs 15535
There's Tour families the Periodic of Serving You!
All invoices that are just due par the terms of the contract will be charged interest at a rate of 1,5%
All invoices that are just due par the terms of the contract will be charged interest at a rate of 1,5%

Case 2:23-cv-01597-JFC-RAL Document 1-6 Filed 09/05/23 Page 73 of 153



Dedicated Nursing Associates, Inc 6536 William Penn Hwy Rt 22, Suite 201 Delinont, PA 15626 (855) 349-6013

Belle Springs Health and Rehabilitation Contract 221 North School Street Beliefonlaine On 43311

INVOICE Invoice No. 162520 Date 08/02/2019 Page 1

Terms PO Number 30

Date	Shift Worked	Temp	Dept.		Rate	Units	Amount Due
07/23/19 Tue	07:00A - 07:00P	Anderson, Annabeth (STNA)	LTC	S1 Regular	36.00	11.50	414.00
		Anderson, Annabeth (STNA)			36.00	11.50	414.00
07/27/19 Sat		Anderson, Annabeth (STNA)	LTC	S1 Regular Weekend	37.00	11.50	425.50
		Cole, Shalitta (LPN)		S2 Regular	49.00	13.50	561.50
		Hearock, Samantha (STNA)			37.00	11.50	425.50
07/26/19 Fri		Hearock, Samantha (STNA)	LTC	S1 Regular	36.00	11 50	414.00
		Kildow, Kari (STNA)	LTC	S1 Regular Weekend	37.00	12.00	444.00
07/22/19 Mon	07:00P - 07:00A	Redman, Chardana (STNA)	LTC	SS Regular	36.00	12.00	432.00
		Redman, Chardana (STNA)	LTC	SS Regular	36.00	12.00	432.00
		Redman, Chardana (STNA)	LTC	\$5 Regular Weekend	37.00	12.25	453.25
		Vasquez, Susan (STNA)	LTC	S3 Regular	36.00	11.50	414.00
07/23/19 Tue	97:00P - 07:00A	Vasquez, Susan (STNA)	LTC	S3 Regular	36.00	11.50	414.00
		Vasquez, Susan (STNA)	LTC	S3 Regular	36.00	11.50	414.00
07/26/19 Fri		Vasquez, Susan (STNA)		S3 Regular	36.00	5.00	180.00
	Be	lle Springs Health and Reh	abiii	tation Contract Sub	total:	158.75	5,937.75
				lav	nice Teta	1: 158.75	65,937.75

Please Send Payments to:
Declared Muring Associates Inc.
5536 Wallen Renn Hay 31 22, Suite 201
Delmont, Rel 15036
Trans Tour Endowing Use the Previolog of Serving You!
All mystices that are past due per the terms of the contract will be charged interest at a rate of 1,5%

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DNA							
Delikated Natsing Assessors, Inc.	1						
Dedicated Nursing Associated William Patro New 22 22, Su Demort. PA 15674 (855) 349-6013	iates, Inc						
Bene Springs Health and Rehabilitati							
serie sorings neem and Kerabilitat. 221 North School Street Bellefontaine , CH 433; t	97 Contract				lave	NVOIC sice No. 16 te 08/16/; Page 1	53513
					Terr 30	ns PO Nu	mber
Date Shift Worked		Temp	Dept.	Desc.	Rate	Units	Amount Du
08/03/19 Sat 07:00P - 07:	15A Vasque	z, Susan (STNA) LTC 53 Re	gular Weeken	37. 00	11.75	434.75
В	ene springs	Health and R	Pabilitation		ibtotal: nvoice Total	11.75	434.75
Please Send Payments to Dedicated Nursing Associates Inc. 5516 William Penn Hwy Rt 22, Sul Delmont, Pk 15626 Thank You For Allowing Us the Pric All Invoices that are past due pen	te 201	You! contract will be ch	a ged interest a	cerate of 1.5%			
			-				



Dedicated Nursing Associates, Inc 6936 William Penn Hwy Rt 22, Suite 201 Delmont, PA 15626 (555) 349-6013

INVOICE 17V0-DE NO. 163081 Date 08/09/2019 Page 1

Yerme PO Number

Date	Shift Worked	Temp	Dept.		Desc.	Rate	Unita	Amount Due
07/28/19 Sun	07 CCA - 07:00P	Anderson, Annabeth (STNA)	LTC	51	Recular Weekend	37.00	11.50	425.50
						36.00	11.50	414.00
07/31/19 Wed	07:00A - 07:00P	Anderson, Annabeth (STNA)	LTC	51	Recular	36.00	11.50	414.00
08/01/19 Thu	07:00A - 07:00P	Anderson, Annabeth (STNA)	LTC	51	Regular	36.00 54.00	5.50	198.00 324.00
08/02/19 FH	07:00A - 07:00P	Anderson, Annabeth (STNA)	LTC	S1	Overtime	54.00	11.50	621.00
08/03/19 Sat	08:30A - 04:30P	Anderson, Annabeth (STNA)	LTC	51	Overtime Weekend	55.50	7.50	416.25
			LTC			49.00 49.00	2.50 11.83	122.50 \$79.67
			ŁTC	55	Regular Weekend	49.00	12.00	588.00
			LTC	55	Regular	49.00	12.00	588.00
07/28/19 Sun	04:15P - 04:15A	Kildow, Karl (STNA)	LTC	51	Regular Weekend	37.00	12.00	444.00
			LTC	51	Regular	36.00	12.00	432.00
07/28/19 Sun	07:00P - 07:00A	Redman, Chardana (STNA)	ŁTĆ	S5	Regular Weekend	37.00	12.00	444.00
07/29/19 Mon	11:00P - 07 00A	Redman, Chardana (STNA)	LTC			36,00	8.00	288.00
07/30/19 Tue	07:00P - 11:30P	Redman, Chardana (STNA)	ŁTC	55	Regular	36.00	4.50	162.00
08/01/19 Thu	07:00P - 07:00A	Redman, Chardana (STNA)	LTC	S5	Requiar	36.00	12.00	432.00
08/03/19 Sat	07:00A - 07:15P	Rix, Michelle (STNA)	LTC	54	Regular Weekend	37.00	11.75	434.75
07/30/19 Tue	07:00A - 07:00P	Zimmerman, Robyn (STNA)	LTC	51	Regular	35.00	11.50	414.00
08/02/19 Fri	07 00A - 07:00P	Zimmerman, Robyn (STNA)	LTC	SI	Regular	36.00	11.50	414.00
						37.00	11.50	425.50
						total:		8.581.17
								\$8,881.17
	07/28/19 Sun 07/30/19 Tue 07/30/19 Tue 07/30/19 Tue 08/02/19 FH 08/02/19 FH 08/02/19 Sun 07/28/19 Sun 07/28/19 Sun 07/28/19 Sun 07/28/19 Sun 07/28/19 Sun 07/28/19 Sun 07/28/19 Sun 07/28/19 Sun 07/28/19 Tue 08/02/19 Tue 08/02/19 Tue 08/02/19 Tue 08/02/19 Tue	www.fase 07/28/19 Sun 07:00A - 07:00P 07/30/19 Tue 07:00A - 07:00P 07/31/19 Wed 07:00A - 07:00P 08/02/19 FH 07:00A - 07:00P 08/02/19 FH 07:00A - 07:00P 08/02/19 Sun 08:30A - 04:30P 07/28/19 Sun 06:30P - 07:00A 07/28/19 Sun 06:30P - 07:00A 07/28/19 Sun 06:30P - 07:00A 07/28/19 Sun 04:30P - 07:00A 07/28/19 Sun 04:00P - 07:00A 07/28/19 Sun 04:00P - 07:00A 07/28/19 Sun 07:00P - 07:00A 07/29/19 Sun 07:00P - 07:00A 07/29/19 Tue 07:00P - 07:00A 08/03/19 Sat 07:00A - 07:00P 08/03/19 Sat 07:00A - 07:00P 08/03/19 Sat 07:00A - 07:00P	worker by worker Temp 07/28/19 Sun 07:00A - 07:00P Anderson, Annabeth (STNA) 07/30/19 Tue 07:00A - 07:00P Anderson, Annabeth (STNA) 07/30/19 Tue 07:00A - 07:00P Anderson, Annabeth (STNA) 08/07/31/19 Wed 07:00A - 07:00P Anderson, Annabeth (STNA) 08/02/19 Fri 07:00A - 07:00P Anderson, Annabeth (STNA) 08/02/19 Sat 08:30A - 04:30P Anderson, Annabeth (STNA) 08/02/19 Sat 08:30A - 04:30P Anderson, Annabeth (STNA) 08/02/19 Sun 06:30P - 07:00A Frey, Madeline (LPN) 07/28/19 Sun 06:30P - 07:00A Green, Cortney (LPN) 07/38/19 Sun 06:30P - 07:00A Green, Cortney (LPN) 07/28/19 Sun 06:30P - 07:00A Redman, Chardana (STNA) 07/28/19 Sun 07:00P - 04:15A Kidow, Kari (STNA) 07/28/19 Sun 07:00P - 07:00A Redman, Chardana (STNA) 07/30/19 Tue 07:00P - 11:00P Redman, Chardana (STNA) 08/03/19 Sat 07:00A CTIONA Redman, Chardana (STNA) 08/03/19 Sat 07:00A - 07:00A Redman, Chardana (STNA) 08/03/19 Sat 07:00A - 07:00A Redman, Chardana (STNA) 08/03/19 Sat 07:00A - 07:00A Pelman, Chardana (STNA) 08/03/19 Sat 07:00A - 07:00A Pelman, Chardana (STNA)	Working	will we worked Tempe Dept. 07/28/19 Sun 07/00A - 07/00P Anderson, Annabeth (5TNA) LTC 51 07/30/19 Tue 07/00A - 07/00P Anderson, Annabeth (5TNA) LTC 51 07/30/19 Tue 07/00A - 07/00P Anderson, Annabeth (5TNA) LTC 51 08/07/31/19 Med 07/00A - 07/00P Anderson, Annabeth (5TNA) LTC 51 08/02/19 Fri 07/00A - 07/00P Anderson, Annabeth (5TNA) LTC 51 08/02/19 Fri 07/00A - 07/00P 08/02/19 Sat 08/30A - 04/30P Anderson, Annabeth (5TNA) LTC 51 08/07/22/19 Mon 07/00P - 10/00A Frey, Madeline (LPN) LTC 55 07/28/19 Sun 06/30P - 07/00A Green, Cortney (LPN) LTC 55 57/31/19 Wed 08/30P - 07/00A Green, Cortney (LPN) LTC 55 07/28/19 Sun 06/30P - 04/15A Kildow, Kari (5TNA) LTC 16 LTC 55 07/28/19 Sun 06/30P - 04/15A Kildow, Kari (5TNA) LTC 55 07/28/19 Sun 07/00P - 07/00A Kildow, Kari (5TNA) LTC 55 07/28/19 Mon 11/00P - 07/00A Kildow, Kari (5TNA) LTC 55 07/28/19 Mon 11/00P - 07/00A Redman, Chardana (5TNA) LTC 55 07/30/19 Tue 07/00P - 07/00A Redman, Chardana (5TNA) LTC 55 08/03/19 Tue 07/00P - 07/00A Redman, Chardana (5TNA) LTC 56 08/03/19 Tue 07/00P - 07/00A Redman, Chardana (5TNA) LTC 56 <	Weinke Weinke Temp Dept. Desc.	Date Shift worked Tamp Dept. Dept. Rate 07/28/19 Sun 07 (20A - 07:00P Anderson, Annabeth (STNA) LTC \$1 Regular Weekend 37.00 07/33/19 Yue 07:00A - 07:00P Anderson, Annabeth (STNA) LTC \$1 Regular 36.00 08/07/31/19 Wed 07:00A - 07:00P Anderson, Annabeth (STNA) LTC \$1 Regular 36.00 08/07/19 Thu 07:00A - 07:00P Anderson, Annabeth (STNA) LTC \$1 Regular 36.00 08/07/19 Fr. 07:00A - 07:00P Anderson, Annabeth (STNA) LTC \$1 Overtime \$4.00 08/07/19 Fr. 07:00A - 07:00P Anderson, Annabeth (STNA) LTC \$1 Overtime \$4.00 08/07/19 Fr. 07:00P - 10:00A Frey, Madeline (LPN) LTC \$5 Regular 49.00 07/28/19 Sun 06:30P - 07:00A Green, Cortney (LPN) LTC \$5 Regular 49.00 07/28/19 Sun 06:30P - 07:00A Green, Cortney (LPN) LTC \$1 Regular Weekend 37.00 07/28/19 Sun 04:30P - 04:00A Kildow, Karl (STNA) LTC \$1 Regular 36.00 08/02/19 Fri 04:00P - 07:00A Redman, Charda	

Please Send Payments to:
Decisité huming Associates Inc.
Decisité huming Associates Inc.
Decisité huming Associates Inc.
Decisité huming State Inc. 23, State 201
Dear Nou 150 Allowing Stat huminge of Serving You!
All Produces Dtat are past due par chi Leisms of the contract will be charged interest at a laite of 1.5%
All Produces Dtat are past due par chi Leisms of the contract will be charged interest at a laite of 1.5%



Dedicated Nursing Associates, Inc 6536 William Penn Hwy Rt 22, Suite 201 Delmort, PA 15626 (855) 349-6013

INVOICE

Terms	PO Number
30	

					-			
Dete	Shift Worked	Temp	Dapt.	Donc.	Rate	Units	Amount Due	
08/07/19 Wed	07.00A - 07.00P	Anderson, Annabeth (STNA)	LTC	S1 Regular	36.00	11.50	414.00	
08/05/19 Mon	06 30P - 07:00A	Green, Cortney (LPN)	LTC	SS Regular	49.00	12.00	588.00	
08/07/19 Wed	06:30P - 07:00A	Green, Cortney (LPN)	LTC	S5 Regular	49.00	12.00	588.00	
08/09/19 Fri	06:30P - 07:00A	Green, Cortney (LPN)	LTC	S5 Regular	49.00	12.00	588.00	
		Green, Cortney (LPN)	LTC	SS Regular Weekend SS Overtime Weeker		4.00 8.00	196.00 588.00	
08/05/19 Mon	07:00P - 07:00A	Kildow, Karl (STNA)	LTC	S1 Regular	36.00	12.00	432.00	
08/09/19 Fri	04:00P - 04:00A	Kildow, Kari (STNA)	LTC	S1 Regular	36.00	12.00	432.00	
08/10/19 Sat		Kildow, Karl (STNA)	LTC	St Regular Weekend	37.00	12.00	444.00	
08/05/19 Mon	07:00P - 07:00A	Redman, Chardana (STNA)	LTC	SS Regular	36.00	12.00	432.00	
08/06/19 Tue	07:00P - 07:15A	Redman, Chardana (STNA)	LTC	S5 Regular	36.00	12.25	441 00	
08/10/19 Sat		Redman, Chardana (STNA)	LTC	S5 Regular Weekend	37.00	12.00	444.00	
		Rix, Michelle (STNA)	LTC	S4 Regular Weekend	37.00	11.50	425.50	
08/08/19 Thu	07:00A - 07:00P	Rix, Michelle (STNA)	LTC	S4 Regular	36.00	11.50	414.00	
08/09/19 Fri	07:00A - 07:15P	Rix, Michelle (STNA)	LTC	S4 Regular	36.00	11.75	423.00	
08/04/19 Sun	07:00P - 07:00A	Vasquez, Susan (STNA)	LTC	S3 Regular Weekend	37.00	11.50	425.50	
08/06/19 Tue	07:00P - 07:00A	Vasquez, Susan (STNA)	LTC	S3 Regular	36.00	11.50	414.00	
08/08/19 Thu		Vasquez, Susan (STNA)	LTC	S3 Regular	36.00	11.50	414.00	
08/04/19 Sun	07:00A - 07:00P	Zimmerman, Robyn (STNA)	LTC	S1 Regular Weekend	37.00	11.50	425.50	
08/08/19 Thu	07:00A - 07:00P	Zimmerman, Robyn (STNA)	LTC	51 Regular	36.00	11.50	414.00	
08/09/19 Fri	07:00A - 07:00P	Zimmerman, Robyn (STNA)	LTC	S1 Regular	36.00	11.50	414.00	
	В	elle Springs Health and Re	habi	litation Contract Su	btotal:	235.50	9,356.50	
				1	nvoice Tota	1: 235.80	\$9,356.50	

Please Send Payments to:
Declared Nursing Associates Inc
Declared Nursing Associates Inc
Declared Nursing Associates Inc
Declared Nursing Associates Inc
Demont, Pa Nickoley, Nr 22, Suite 201
Demont, Pa Nickoley, Nr 22, Sui



Dedicated Nursing Associates, Inc 6536 William Penn Hwy Rt 22, Suite 201 Delmont, PA 15626 (855) 349-6013

INVOICE

Terms PO Number

Date	Shift Worked	Temp	Dept.		Rate		Amount Due
08/10/19 Sat	07:00A - 07:00P	Mckamy, Elizabeth (STNA)	LTC	54 Regular Weekend	30.00	11.50	345.00
		Snowden, Kimyatta (LPN)			42.00		546.00
08/10/19 Sat	06:30A - 07:30P	Snowden, Kimyatta (LPN)	LTC	S1 Regular Weekend	43.00	12.50	537.50
	Bould	ler - Beile Springs Health	and	Rehabilitation Sub	total:	37.00	1,428.50
				Inve	ice Tota	1: 37.06	\$1,428.50

Data 08/16/2019

08/17/2019

Shifts

7:00PM - 8:30PM Susan Vasquez

7:00PM - 7:00AM Susan Vasquez

Caregive

Please Send Payments to:
Dedicated Nursing Associates Inc.
5038 William Penn Hwy Rt 22. Suite 201
Delmont, PA 15626
Thenk Tour En Anthoning Us the Privilege of Serving You!
All Invoices that are past time per the terms of the contract will be charged interest at a rate of 1.5%

DNA

Dedicated Nursing Associates, Inc. 6538 William Penn Highway Rt. 22 Suite 202 Delmont, PA - 15636-2409 Phone: 855-349-8013

Period Ending:

8/17/2019 14924489

Bill To:

Belle Springs Health and Rehabilitation 221 North Street Bellefontaine , OH - 43311

Belle Springs Health and Rehabilitation 221 North Street Bellefontaine , OH - 43311

Belle Springs Health and Rehabilitation Department Name: STAR

Caregiver Name:	Annabeth Ande	FSOB				
Date	Shifts	Caregiver	Description	Hm/Units	Rate	Total
08/14/2019	7:00AM - 7:00PM	Annabeth Anderson	OH - STNA Hourly	11.50	\$36.00	\$414.00
08/16/2019	7:00AM - 7:00PM	Annabeth Anderson	OH - STNA Hourly	11.50	\$36.00	\$414.00
			Caregiver Sub Total:	23.00		\$828.00
			Unit Sub Total:	23.00		\$828.00

Ceregiver Name:	Chardana Redr	пал				
Date	Shifts	Caregiver	Description	Hm/Units	Rate	Total
08/11/2019	7:00PM - 7:00AM	Chardana Redman	OH - STNA Hourly	12.00	\$37.00	\$444.00
08/13/2019	7:00PM = 7:00AM	Chardana Redman	OH - STNA Hourly	12.00	\$36.00	\$432.00
08/15/2019	7:00PM - 7:00AM	Chardana Redman	OH - STNA Hourly	12.00	\$36.00	\$432.00
			Caregiver Sub Total:	36.00		\$1308.00
			Unit Sub Total:	36.00		\$1308.00

				onegree our rout.	30.00		31500.00
				Unit Sub Total:	36.00		\$1308.00
Unit Name:	Cortney Green						
Caregiver Name:	Contney Green						
Date	Shifte	Cere	giver	Description	Hra/Units	Rate	Total
08/11/2019	6:30PM - 7:00AM	Continey Gree	n Of	- LPN Hourly	12.00	\$49.00	\$588.00
08/13/2019	6:30PM - 7:00AM	Contriey Gree	en OH	I - LPN Hourty	12 00	\$49.00	\$588 00
08/14/2019	6:30PM - 7:15AM	Cortney Gree	n OH	I - LPN Hourly	12.25	\$49.00	\$600.25
08/15/2019	6:30PM - 10:15PM	Cortney Gree	m OH	I - LPN Hourly	3.75	\$49.00	\$183.75
08/15/2019	10:15PM - 7:00AM	Cortney Gree	n OH	- LPN Hourly	8.25	\$73.50	\$606.38
				Ceregiver Sub Total:	48.25		\$2566.38
				Unit Sub Total:	48.25		\$2566.38

Facility: Belle Springs Health and Rehabilitation

Invoice #:14924489

Page 1 Of 3

Unit Name:	Kau Kildow					
Caregiver Name:	Kari Ann Kildow					
Date	Shifts	Caregiver	Description	Hrs/Units	Rate	Total
08/11/2019	7.00PM - 7:00AM	Kari Ann Kildow	OH - STNA Hourly	12.00	\$37.00	\$444.00
08/14/2019	7:00PM - 7:00AM	Kari Ann Kildow	OH - STNA Hourly	12.00	\$36.00	\$432.00
08/16/2019	4:00PM - 4:00AM	Kari Ann Kildow	OH - STNA Hourty	12.00	\$36.00	\$432.00
			Caregiver Sub Total:	36.00		\$1308.00
			Unit Sub Total:	36.00		\$1308.00
Unit Name:	Michelle Rix					
Caregiver Name:	Michelle Lynn Ric	ĸ				
Date	Shifts	Caregiver	Description	Hra/Linits	Rate	Total
08/12/2019	7:00AM - 7:00PM	Michelle Lynn Rix	OH - STNA Hourly	11.50	\$36.00	\$414.00
08/13/2019	7:00AM - 7:15PM	Michelle Lynn Rix	OH - STNA Hourly	11.75	\$36.00	\$423.00
08/14/2019	7:00AM - 7:15PM	Michelle Lynn Rix	OH - STNA Hourly	12.00	\$36.00	\$432.00
08/17/2019	7:00AM - 11:45AM	Michelie Lynn Rix	OH - STNA Hourty	4.75	\$37.00	\$175.75
08/17/2019	11:45AM - 7:15PM	Michelle Lynn Rix	OH - STNA Hourly	7.00	\$55.50	\$388.50
			Caregiver Sub Total:	47.00		\$1833.25
			Unit Sub Total:	47.00		\$1833.25
Unit Name:	Robyn Zimmerma	an				
Caregiver Name:	Robyn Zimmerm	an				
Date	Shifts	Caregiver	Description	Hra/Unite	Rate	Total
08/13/2019	7:00AM - 7:15PM	Robyn Zimmerman	OH - STNA Hourly	11.75	\$36.00	\$423.00
	7:00AM - 7:15PM	Robyn Zimmerman	OH - STNA Hourly	11.75	\$36.00	\$423.00
08/17/2019	7:00AM - 7:00PM	Robyn Zimmerman	OH - STNA Hourly	11.50	\$37.00	\$425.50
			Caregiver Sub Total:	35.00		\$1271.50
			Unit Sub Total:	35.00		\$1271.50
Unit Name:	Susan Vasquez					

OH - STNA Hourly

OH - STNA Hourly

Caregiver Sub Total:

Department Sub Total: 238.25 \$9594.63 Facility Total: 238.25 \$9594.63 Please pay this amount: \$9594.63

Please return a copy of this invoice with your payment or indicate the invoice number on your check.

Inc. 6536 William Penn Highway Rt. 22 Suite 202 Delmont, PA - 15636-2409 Phone: 855-349-6013

Dedicated Nursing Associates,

Terms Net 30 All invoices that are past due per terms of the contract will be charged an interest rate of 1.5%.

Facility: Belle Springs Health and Rehabilitation Page 2 Of 3 Facility: Invoice #: Page 3 Of 3

\$36.00

\$54.00

\$425.50

\$479.50 \$479.50

1.50

13.00

13.00

Case 2:23-cv-01597-JFC-RAL Document 1-6 Filed 09/05/23 Page 75 of 153



Dedicated Nursing Associates, Inc 6536 William Penn Hwy Rt 22, Suite 201 Delmont, PA 15626 (855) 349-6013

Boulder - Beile Springs Health and Rehabitation 221 North School Street Bellefontaine , OH 43311

INVOICE

	Page	1	
_			

Date	Shift Worked	Temp	Dept.	Desc.	Rate	Units	Amount Due
		Howard, Adam (STNA)	LTC	S4 Regular Weekend	30.00	11.50	345.00
		Howard, Adam (STNA)	LTC	S4 Regular	29.00	11.50	333.50
08/17/19 Sat	07:00A - 07:00P	Howard, Adam (STNA)	LTC	54 Overtime Weekend	45.00	11.50	517.50
		Mckamy, Elizabeth (STNA)	LTC	S4 Regular Weekend	30.00	11.50	345.00
		Snowden, Kimyatta (LPN)	LTC	51 Regular Weekend	43.00	12.50	537.50
		Snowden, Kimyatta (LPN)	LTC	S1 Regular	42.00	12.00	504.00
		Snowden, Kimyatta (LPN)		S4 Regular Weekend	43.00	12.25	526.75
		Williamson, Brolyncia (LPN)			42.00	12.25	514.50
08/17/19 Sat	06:30A - 11:15A	Williamson, Brolyncia (LPN)	LTC	S4 Regular Weekend	43.00	4.75	204.25
	Bo	ulder - Belle Springs Heal	th ar	d Rehabilitation Sub	total:	99.75	3,828.00
				Invo	ice Total	99.75	\$3,828.00

Please Send Payments to:
Dedicated Nursing Associates Inc
6535 William Penn Hwy Rt 22, Sulte 201
Delmont, PA 15626
Thank You Fer Adwing bits the Privilege of Serving You!
All invoices that are past due per the terms of the contract will be charged interest at a rate of 1.5%

DNA

Dedicated Nursing Associates, Inc. 6536 William Penn Highway Rt. 22 Suite 202 Delmort, PA - 15636-2409 Phone: 855-349-6013

Period Ending 8/24/2019 Invoice #: 14956903

Belle Springs Health and Rehabilitation 221 North Street Bellefontaine OH - 43311

Belle Springs Health and Rehabilitation 221 North Street Bellefontaine OH - 43311

Services Provided For:

Facility Name:	Balle Springs H	earth and Rehabilitation				
Department Na						
Unit Name:	Annabeth Ande	rson				
Sregiver Name	Annabeth Ande	каоп				
Date	Shifts	Caregiver	Description	Hes/Links	Rate	Total
08/18/2019	7.00AM - 7:00PM	Annabeth Anderson	OH - STNA Hourly	11.50	\$37.00	\$425.50
08/20/2019	7:00AM - 7:00PM	Annabeth Anderson	OH - STNA Hourly	11.50	\$36.00	\$414.00
03/21/2019	7:00AM - 7:00PM	Annabeth Anderson	OH - STNA Hourly	11.50	\$36.00	\$414.00
			Caregiver Sub Total:	34.50	200.00	\$1253.50
			Unit Sub Total:	34.50		\$1253.50
dnit Name:	Kari Kildow			54.50		31233.30
Caregiver Name	Kari Ann Kildow					
Date	Shifts	Caregiver	Description	Hra/Units	Rate	Total
08/19/2019	7:00PM - 9:15PM	Kari Ann Kildow	OH - STNA Hourly	2 25	\$36.00	\$81.00
03/23/2019	3:45PM - 3:45AM	Kari Ann Kildow	OH - STNA Hourty	11.50	\$36.00	\$414.00
			Caregiver Sub Total:	13.75	*******	3495.00
			Unit Sub Total:	13.75		\$495.00
Unit Name	Michelle Rix			13.73		9493 U
Crist reaming						
Caregiver Name:	Michelle Lynn R	ist.				
	Michelle Lynn R Shifts		Description	ldeed India	Data	Teal
Saregiver Name:	erone zymirit	Caragiver Michelle Lynn Rix	Description OH - STNA Hourly	Hrs/Units	Rate \$37.00	Total \$425.56

Facility: Belle Springs Health and Pehabilitation

DNA

Page 1 Of 2

-5/23/2018 7 45AM - 7:15PM Michelle Lynn Rix

Please return a copy of this invoice with your payment or indicate the invoice number on your check.

Terms Net 30 All invoices that are past due per terms of the contract will be charged in interest rate of 1.5%.

OH - STNA Hourty Caregiver Sub Total: Unit Sub Total: Department Sub Total Facility Total:

11.50 \$36.00 \$414.00 34.75 \$1282.50 34.75 \$1262 50 83.00 \$3011.00 83,00 \$3611.00

Please pay this amount: \$3011.00

Please remit amount to: Dedicated Nursing Associates Dedicated Nursing 4334 Inc. 5536 William Penn Highway Rt. 22 Suite 202 Delmont, PA - 15636-2409 Phone 855-349-6013

Belle Springs Health and Rehabilitation 221 North Street Bellefontaine | OH - 43311

Dedicated Nursing Associates, Inc. 8536 William Penn Highway Rt. 22 Suite 202 Demont , PA - 15636-2409 Phone. 855-349-6013

Period Ending: 8/31/2019 Invoice #: 15099426

Services Provided For:

Belle Springs Health and Rehabilitation 221 North Street Bellefontaine OH - 43311

Facility Name: Bette Springs Health and Rehabilitation Department Name: STAR

Annabeth Anderson Unit Name:

Caregiver Name: Annabeth Anderson

Date	Shifts	Caragiyar	Description	Hrs/Linbs	Rate	Total
08/28/2019	7:00AM - 6:00PM	Annabeth Anderson	OH - STNA Hourly	10.50	\$36.00	
08/30/2019	7:00AM - 7:00PM	Annabeth Anderson	OH - STNA Hourly	11.50		\$378.00
08/31/2019	7:00AM - 7:30PM	Annabeth Anderson	OH - STNA Hourly		\$36.00	\$414.00
		The second second		12.50	\$37.00	\$444.00
			Caregiver Sub Total:	34.00		\$1236.00
nit Name:			Unit Sub Total:	34.00		\$1236.00
	Michelle Rix					

Caregiver Name: Michelle Lynn Rix

 Dete
 Shifts
 Caregiver

 98/27/2019
 7:00AM - 7:15PM
 Michelle Lynn Rix

 08/28/2019
 7:00AM - 7:30PM
 Michelle Lynn Rix

OH - STNA Hourly OH - STNA Hourly 12.50

Total \$423.00 \$35.00 \$450.00

Facility: Belle Springs Health and

Invoice #:14956903

Page 2 Of 2

Facility: Belle Springs Health and Rehabilitation

Invoice #:15099426

Page 1 01 2

Case 2:23-cv-01597-JFC-RAL Document 1-6 Filed 09/05/23 Page 76 of 153

98/30/2019 7:00AM - 3:00PM Michelle Lynn Rix OH - STNA Hourly \$36.00 \$288.00 Caregiver Sub Total: 32.25 \$1161.00 Unit Sub Total: 32.25 \$1161.00 Department Sub Total: 68.25 \$2397.00 Facility Total: 66.25 \$2397.00

Please pay this amount: \$2397.00

Please return a copy of this invoice with your payment or indicate the invoice number on your check.

Terms Net 30 All invoices that are past due per terms of the contract will be charged an interest rate of 1.5%.

Please remit amount to: Dedicated Nursing Associates,

Inc. 6536 William Penn Highway Rt. 22 Suite 202 Delmont, PA - 15636-2409 Phone: 855-349-6013

DNA

Dedicated Nursing Associates, Inc 6536 William Penn Highway Rt. 22 Sulte 202 Delmont, PA - 15636-2409 Phone 855-349-5013

Belle Springs Health and Rehabilitation 221 North Street Bellefontaine OH - 43311

Services Provided For

Period Ending:

Invoice #;

8/17/2019

15099425

Total \$425.50

\$425 50

Belie Springs Health and Rehabilitation 221 North Street Beliefuntaine , OH - 43311

11.50

Belle Springs Health and Rehabilitation

STAR
Unit Name: Annabeth Anderson

Caregiver Name

Shifts Caregiver 98/17/2019 7:00AM - 7:00PM Annabeth Anderson Hra/Unite OH - STNA Hourty Caregiver Sub Total: Unit Sub Total: Department Sub Total: Facility Total:

\$425.50 11.50 \$425.50 \$425.50

Please pay this amount: \$425.50

Please remit amount to Dedicated Nursing Associates,

Inc. 6536 William Penn Highway Rt. 22 Suite 202 Delmont, PA - 15636-2409 Phone: 855-349-6013

Terms Net 30 All invoices that are past due per terms of the contract will be charged an interest rate of 1.5%.

Please return a copy of this invoice with your payment or indicate the invoice number on your check.

Invoice #:15099426

Page 2 Of 2

actifity: Belle Springs Health and Rehabilitation

Invoice #:15099425

Page 1 0/ 1

DNA

Dedicated Nursing Associates, Inc. 8538 William Penn Highway Rt. 22 Suite 202 Delmont, PA - 15636-2409 Phone: 855-349-6013

Facility Belle Springs Health and Rehabilitation

Period Ending: 6/22/2019 invoice #: 15099427

Caregiver Name:

Belle Springs Health and Rehabilitation 221 North Street Bellefontaine , OH - 43311

Services Provided For: Belle Springs Health and Rehabilitation

221 North Street Bellefontaine , OH - 43311

Facility Name: Balle Springs Health and Rehabilitation STAR

Unit Name: Letitia Rhinehart Letitia Rhinehart

Date	Shifte	Caregiver	Description	Hra/Units	Rate	Total
06/18/2019	6:30PM - 9:30AM	Lettia Rhinehart	OH - LPN Hourly	14.50	\$49.00	\$710.50
			Caregiver Sub Total:	14.50		\$710.50
			Unit Sub Total:	14.50		\$710.50
			Department Sub Total:	14.50		\$710.50
			Facility Total:	14.50		\$710.50

Pieese pay this amount: \$710.50

Please remit amount to: Dedicated Nursing Associates, Inc. 6536 William Penn Highway Rt. 22 Suite 202 Delmont, PA - 15636-2409 Phone: 855-349-6013

Terms Net 30 All invoices that are past due per terms of the contract will be charged an interest rate of 1.5%.

Please return a copy of this invoice with your payment or indicate the invoice number on your check.

DNA

Dedicated Nursing Associates, Inc 6536 William Penn Hwy Rt 22, Suite 201 Delmorit, PA 15626 (855) 349-6013

Boulder - Belle Springs Health and Rehabilitation 221 North School Street Bellefontaine , OH 43311

INVOICE

Terms PO Number

Date	Shift Worked	Temp	Dept.	Desc.	Rate	Units	Amount Due
		Hearock, Samantha (STNA)	LTC	S4 Regular	29.00	4.00	116.00
		Howard, Adam (STNA)	LTC	S4 Regular	29.00	11.50	333.50
			LTC	S4 Regular Weekend	43.00	12.00	516.00
		Snowden, Kimyatta (LPN)	LTC	S4 Regular	42.00	12.50	525.00
			LTC	S4 Regular	42.00	15.50	651.00
08/30/19 Fri		Thaler, Destiny (STNA)		S4 Regular	29.00	10.25	297.25
	Bou	lder - Belie Springs Health	and	Rehabilitation Sub	total:	65.75	2,438.75
				Envi	oice Total	65.75	\$2,438.75

Please Send Payments to:
Dedicated Nursing Associates Inc
6536 William Penn Hwy Rt 22, Suite 201
Delmont, PA 15626
Thank You For Albowing Us the Privilege of Serving You!
All invoices that are past due per the terms of the contract will be charged interest at a rate of 1.5%

Case 2:23-cv-01597-JFC-RAL Document 1-6 Filed 09/05/23 Page 77 of 153

DNA

Dedicated Nursing Associates, Inc. 6536 William Penn Highway Rt 22 Suite 202 Delmont, PA - 15636-2409 Phone 855-349-8013

Period Ending: 8/17/2019 15132374

Invoice #:

Bill To:

Belle Springs Health and Rehabilitation 221 North Street Bellefontaine , OH - 43311

Services Provided For:

Belie Springs Health and Rehabilitation 221 North Street Beliefontaine, OH - 43311

8.50

8.50

8.50

8.50

Facility Name: Belle Springs Health and Rehabilitation Opportment Name: STAR Unit Name: Annabeth Anderson

a ogress remine.	Admanent Ange	150A		
Date	Shirts	Categiver	Description	Hrs/Linits
08/15/2019	10.00AM - 2:00PM	Annabeth Anderson	OH - STNA Hourly	4.
08/15/2019	2:00PM = 7:00PM	Annabeth Anderson	OH -STNA Hourly	4.
			Caregiver Sub Total:	8.
			Unit Sub Total:	8.
			Department Sub Total:	8.
			Facility Total:	8.

Please pay this amount: \$387.00

\$36,00 \$54.00 4.00 4.50

\$144,00 \$243.00

\$387.00

\$387.00

\$387.00

\$387.00

Please remit amount to: Dedicated Nursing Associates,

Inc. 5536 William Penn Highway Rt. 22 Sulte 202 Delmont, PA - 15636-2405 Phona: 855-349-6013

Terms Net 30 All invoices that are past due per terms of the contract will be charged interest rate of 15%

Please return a copy of this invoice with your payment or indicate the invoice number on your check.

Facility: Belle Springs Health and Rehabilitation

Invoice #:15132374

Page 1 Of 1

EXHIBIT 6

Dedicated Nursing Associates, Inc.

6536 William Penn Hwy Rt 22

Delmont, PA 15626

Bill To Belle Springs Health and Rehab 221 North School Street Bellefontaine, OH 43311

Invoice

Date	Invoice #
1011-0010	

		P.O No.	Terms	Project
			Net 30	
Quantity	Description		Rate	Amount
504 1,428.5 3.828	Interest Doe on the Following Invoice #19999 I rouse #16/202 Invoice #16/202 Invoice #16/202 Invoice #16/202 Invoice #16/203 Invoice #16/204 Invoice #16/4018		0.6	015 21.4 015 57.4
			Total	\$12

Dedicated Nursing Associates, Inc. 6536 William Penn Hwy Rt 22 Suite 201 Delmont, PA 15626

Statement 10/8/2019

Belle Springs Health and Rehab 221 North School Street Bellefontaine, OH 433 H

			-	Amount Due	Amount Enc.
				\$155.745.48	
Date		Transaction		Amount	Balance
06/14/2019	INV #159847. Due 07/14/20	19. Orig. Amount \$10,365	.75.	10.365.75	10.365.7
06/14/2019	INV #159981 Due 07/14/20	 Orig. Amount \$493.50 		493.50	10.859.2
06/21/2019	INV #160361 Due 07/21/20	 Orig. Amount \$11,873 	.75.	11.873.75	22,733.0
06/28/2019	INV #160754. Due 07/28/20	19. Orig. Amount \$13,956	.63.	13.956.63	36,689,6
07/05/2019	INV #161039. Due 08/04/20	 Orig. Amount \$14,031 	.25.	14.031.25	50.720.8
07/12/2019	INV #161285. Due 08/11/20	 Orig. Amount \$504.00 		504.00	51.224.8
07/12/2019	INV #161538, Due 08/11/20			15.747.38	66.972.2
07/19/2019	INV #161703. Due 08/18/20	 Orig. Amount \$13,956 	.75.	13,956.75	80.929.0
07/19/2019	INV #TTH17 Due 08/18/201	9. Orig. Amount \$12,000	.00.	12.000.00	92,929.0
07/26/2019	INV #162156. Due 08/25/20:	 Orig. Amount \$9.858. 	75	9.858.75	102,787.7
08/02/2019	INV #162520. Due 09/01/20			5,937.75	108.725.5
08/09/2019	INV #163081. Due 09/08/201	19. Orig. Amount \$8.581	17	8.581.17	117,306.6
08/16/2019	INV #163280, Due 09/15/201			1.428.50	118,735.1
08/16/2019	TNV #163411- Due 09/15/201	 Orig. Amount \$9,356. 	50.	9,356.50	128,091.6
08/16/2019	INV #163513. Due 09/15/201	19. Orig. Amount \$434.75		434.75	128,526.4
08/23/2019	INV #163694. Due 09/22/201			3,828,00	132,354.4
08/23/2019	INV #15177781 Due 09/22/0			9.546.51	141,900.9
08/30/2019	INV #164018, Duc 09/29/201	19. Orig. Amount \$1,858 !	50.	1,858.50	143,759.4
08/30/2019		INV #14956903. Due 09/29/2019. Orig. Amount \$3,011.60.			146,770.4
09/06/2019	INV #164125. Due 10/06/201			3.011.00 2.438.75	149,209.1
09/06/2019	INV #15099427. Due 10/06/3			710.50	149,919.6
09/06/2019	INV #15099425. Due 10/06/2			425.50	150 345 1
09/06/2019	INV #15099426. Due 10/06/2			2.397.00	152,742.1
09/13/2019	INV #15132374. Due 10/13/2			387.00	153,129,1
09/27/2019	INV #15203389. Due 10/27/2			414.00	153,543.1
10/01/2019	INV #3230i. Due 10/31/2019	Orig Amount \$171.68		121.68	153.664.8
10/01/2019	INV #3231i. Due 10/31/2019			2.080.61	155.745.4
CURRENT	1-30 DAYS PAST DUE	31-60 DAYS PAST DUE	81-90 DAYS PAST DUE	OVER 90 DAYS PAST DUE	Amount Due
3.003.29	44,016,68	58,004.63	50.720.88	0.00	\$155.745.18

EXHIBIT 7

ADMINISTRATIVE LINK

For the purpose of facilitating the services contemplated by this Agreement, Contractor and DNA each shall designate an administrative employee to be available for such purpose.

COMPENSATION (TIME RECORDS)

Contractor shall compensate DNA for its services in accordance with the schedule set forth in Exhibit "A" hereto, which is incorporated by reference and made part of this Agreement. For the purpose of compensation, DNA shall submit documentation in the form of time records for the services provided to Contractor. Contractor, or its authorized representative, shall be responsible for verifying that the time records are accurate

SCHEDULING AND SUBSTITUTE STAFF

- A. Contractor must immediately notify DNA of any changes to the agreed upon staffing schedule for Employees. Contractor is not authorized to accept a schedule change that is only discussed with an Employee and not approved in advance by DNA. If the schedule change results in the Employee working fewer hours than scheduled, failure to give notice to and receive consent from DNA may result in a charge for the originally scheduled hours. If a schedule change results in an Employee working over forty (40) hours in one week for DNA, and if there is no agreement to the contrary, Contractor will be charged the overtime billing rate for any hours that were not approved in advance by DNA for the Employee.
- B. DNA shall use its best efforts to replace regularly scheduled staff that are unavailable on a given day due to an illness or paid time off, or because of an emergency, vacation or holiday; however, DNA cannot guarantee that it can or will provide substitute staff

HIRING OF EMPLOYEES BY CONTRACTOR AND CONVERSION FEE

Contractor may wish to employ directly an Employee who has been supplied by DNA. In the event of such a conversion to the employ of Contractor or to another employer to whom Contractor refers such Employee, Contractor agrees to pay a conversion fee. The conversion fee is \$15,000.00 for an RN, \$12,000.00 for an LPN, \$9,000.00 for a CNA and \$9,000.00 for a HHA or NA. The conversion fee will be reduced by \$200.00 for each 40 hours of weekly services performed while on assignment to the Contractor, however in no event will there be any less than performed without assignment or the contractor, nowever in the cent with mixed or any real section and a \$6,000.09 conversion fee for any position. The same calculation will be used if Contractor converts a DNA Employee to part-time status. Again, the conversion fee will not be less than \$6,000.00

A. The conversion fee is payable if Contractor hires the DNA Employee assigned, regardless of the employment classification, on either a permanent, temporary (including temporary assignments through another agency) or consulting basis within six (6) months after the last day of the assignment. Contractor also agrees to pay a conversion fee if the DNA Employee assigned to Contractor is hired by a subsidiary, other related company or any other entity or business as a result of referral of the Employee by Contractor

MEDICAL STAFFING AGREEMENT

THIS MEDICAL STAFFING AGREEMENT ("Agreement"), made this 5th day of February 2019, between DEDICATED NURSING ASSOCIATES, INC. ("DNA"), a Pennsylvania corporation having a place of business at 6536 William Penn Highway Rt. 22, Suite 202, Delmont, Pennsylvania 15626.

A N

Euclid Beach Healthcare ("Contractor"), having its principle place of business at 16101 Euclid Beach Boulevard, Cleveland, Ohio 44110

WHEREAS, DNA is in the business of providing registered nurses, licensed practical nurses, certified nursing aides, home health aides and other medical professionals ("Employee" or "Employees") with particular skills and experience; and

WHEREAS, Contractor is in need of personnel with the skill and experience provided by DNA

NOW, THEREFORE, in consideration of the covenants contained herein and intending to be legally bound, the parties hereby agree as follows:

EMPLOYEES TO BE PROVIDED

The Employees to be provided include, but are not limited to, the following: RN's, LPN's, CNA's, HHA's and NA's.

QUALIFICATIONS OF EMPLOYEES

DNA will ensure that Employees to be provided shall possess the qualifications required to perform the work for which they are contracted to provide in their particular field of practice. They shall also possess the required qualifications in the areas of education, certification, license, Physical and Mantoux test and criminal clearances, as required.

DNA AS EMPLOYER

Contractor shall not be responsible for payment of wages, salaries, and other compensation, fringe benefits, unemployment insurance, workers' compensation, social security, or other payroll taxes for staff provided to Contractor by DNA. Further, DNA shall be the employer of all persons

EXPENSES

Contractor shall be responsible for all expenses incurred by DNA Employees relating to patient care (by way of example only, gloves) while on assignment to Contractor under this

1

COMPLIANCE WITH APPLICABLE LAW

DNA and Contractor shall comply with the Fair Labor Standards Act, the Occupational Safety and Health Act ("OSHA"), Immigration Reform and Control Act, the Health Insurance Portability and Accountability Act ("HIPAA"), and all other applicable federal, state, and local Fortability and Accountability Act ("HIPAA"), and all other applicable receral, state, and local statutes, laws, ordinances, regulations and standards including, but not limited to, equal employment opportunity, civil rights, anti-discrimination, wage and hour, privacy and Joint Commission, whether as presently enacted or as hereafter amended. Notwithstanding the above, it is agreed that Contractor is primarily responsible for compliance with OSHA and comparable state laws and regulations thereunder, to the extent those laws and regulations apply to Employees assigned to Contractor. This responsibility includes, but is not limited to, required information and assigned to Contractor. This responsionity includes, our is not mined to, required uncontained and training in site-specific protocols, the facility exposure control plan and available personal protective equipment. Contractor will maintain documentation regarding training and related protective equipment. Contractor with maintain documentation regarding daming and obligations hereunder, and make this documentation available to DNA upon request. Conwill provide post-exposure evaluation and follow-up in accordance with OSHA standards.

CONFIDENCE OF INFORMATION

- A Contractor shall keep in confidence all information relating to the methods of operations, trade secrets, business plans, business opportunities, finances, strategic planning and development, research, development, personnel data, recruiting, compensation, billing, and all other confidential knowledge, data and information related to the business and affairs of DNA that may be acquired in furtherance of the relationship contemplated by this Agreement. During and after the term of this Agreement. Contractor shall not, without the prior written consent of DNA, publish, communicate, divulge or disclose any such information.
- B. The parties hereto agree to comply with any and all federal or state laws or regulations that have or may become effective during the term of this Agreement, including, but not limited to HIPAA and any amendments, rules and regulations promulgated thereunder. The parties further agree to execute any additional documents that may be required under HIPAA, including, but not limited to, a Business Associates Agreement.

INDEMNIFICATION

11. INDEMNIFICATION

DNA and Contractor shall indemnify, hold harmless, and, upon request, defend the other party and their respective subsidiaries, affiliates, directors, officers, employees, agents and independent contractors. from and against all liens, claims, charges, causes of action of any type, whether in law or equity, liabilities, damages, losses and expenses including, but not limited to, interest, penalties, reasonable attorney's fees and costs of suit, arising out of or in connection with their own acts or omissions, whether in whole or in part, relating to their obligations pursuant to this Ascendent. this Agreement.

PROFESSIONAL LIABILITY INSURANCE

Each party to this Agreement shall obtain, at its own cost, professional liability insurance covering its own act or omissions. Each shall maintain such insurance in amounts not less than Two Million (\$2,000,000.00) Dollars per occurrence and Six Million (\$6,000,000.00) Dollars annual aggregate

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13. GENERAL LIABILITY INSURANCE

Contractor shall maintain accident and general liability insurance covering the premises where DNA Employees will perform services hereunder, as well as any Contractor owned or leased vehicles that DNA Employees may use in the course of their work pursuant to this Agreement. Upon request of DNA, Contractor shall provide a copy of all insurance policies demonstrating compliance with this paragraph.

INDEPENDENT STATUS

- A. In the performance of their respective duties under this Agreement, DNA and Contractor shall remain independent contracting entities, and neither shall be deemed to be the employer or employee of the other for any purpose whatsoever. The relationship between the parties shall at all times be that of independent contractors. No provision of this Agreement is intended to, or shall be construed, to render one party an employee, servant or partner of the other.
- B. In the event that the Internal Revenue Service or another government agency questions or challenges the independent contractor status of either DNA or Contractor, both DNA and Contractor, upon receipt by either of them of notice from the Internal Revenue Service or other government agency, shall promptly notify and afford the other party the opportunity to participate in any discussion or negotiation with the Internal Revenue Service or other government agency, irrespective by whom such negotiations were initiated, to the extent permitted by the Internal Revenue Service or other government

COMMUNICATION WITH STAFF

Contractor shall not communicate directly with DNA Employees outside of the assignment All communications regarding staff scheduling with DNA Employees, whether written, verbal, or in person, shall be relayed through DNA unless otherwise agreed to in writing by both parties. See also paragraph 7.A. hereof.

NO SOLICITATION BY CONTRACTOR

During the term of this Agreement, Contractor shall not solicit or attempt to solicit, either directly or indirectly, the business or trade of DNA for Contractor's benefit or the benefit of any other person or entity to the exclusion of DNA, nor shall Contractor request or allow anyone to do

INJUNCTIVE RELIEF

In addition to all other available remedies in the event of a breach of this Agreement, DNA, as the aggrieved party, shall be entitled to immediate injunctive relief to prevent the irreparable

ADDITIONAL LIMITATIONS/REQUIREMENTS

- Contractor agrees that it will not entrust any Employee with unattended premises, cash, checks, keys, credit cards, merchandise or other valuables without prior, express permission from DNA.
- B. Contractor will not request or permit any Employee to use any vehicle, regardless of ownership, in connection with the performance of services for Contractor, without prior, express permission from DNA.

NON-DISCRIMINATION

Both DNA and Contractor agree that they will abide by all federal, state, and applicable laws regarding the prohibition of discrimination in the provision of services on the basis of race, sex, religion, creed, disability, ancestry, national origin, sexual preference or age.

No course of dealing or failure of either party to strictly enforce any term, right or condition of this Agreement shall be construed as a waiver of such term, right, or condition relating to any subsequent breach

SURVIVAL OF OBLIGATIONS

Contractor's obligations under this Agreement which by their nature would continue beyond the termination, cancellation, or expiration of this Agreement, shall survive termination. cancellation or expiration of the Agreement.

NO GENERAL INVALIDITY

If any of the provisions of this Agreement are judicially declared invalid or unenforceable, such invalidity or unenforceability shall not invalidate or render unenforceable the entire Agreement, and this Agreement shall be construed as if not containing the particular invalid or unenforceable provision or provisions.

28. DISASTERS AND RELATED EVENTS
Neither DNA nor Contractor shall be liable for failure to perform hereunder due to contingencies beyond either of their reasonable control including, but not limited to, strikes, riots, war, fire, acts of God or natural disasters, accidents, mechanical failures not caused by the fault or neglect of DNA or Contractor, compliance with any law, regulation, or order of the United States of America or any state, governmental body, or any instrumentality thereof, whether now existing or hereafter created.

ASSIGNMENT/SUCCESSORS AND ASSIGNS

A Contractor shall not assign or delegate its rights, duties and obligations under this Agreement, either in whole or in part, or any monies due or to become due hereunder without the prior written consent of DNA, which shall not be unreasonably withheld. Any such assignment without the prior written consent of DNA shall be absolutely invalid. DNA may in its discretion, assign this Agreement in whole or in part to its subsidiaries, or affiliated corporations.

FLOATING POLICIES AND COMPETENCE

Floating refers to the reassignment of Employees, where the Employee's job functions differ from specified requirements. With the express, written permission of DNA, Contractor may float one or more Employees that are within the scope of the Employee's clinical expertise, Joint Commission standards, and to which they have been fully oriented. Contractor shall pay to DNA the agreed upon rate under these circumstances.

ORIENTATION POLICIES

Contractor will require Employees furnished under this Agreement to review Contractor's fire and disaster, infection control and no-lift policies prior to placement.

SUBCONTRACTING

DNA, at its sole discretion, may contract with one or more persons or entities for the performance of DNA's services covered by this Agreement, provided the contract shall not relieve DNA of its obligations and liability under this Agreement. Any individual provided under such a subcontracting arrangement shall be deemed an "Employee" solely for purposes of this Agreement.

INCIDENT, ERROR TRACKING SYSTEM

DNA has a system for reporting, tracking, and documenting unexpected incidents. When any Employee is involved in medication and/or documentation errors, unanticipated deaths, patient incidents, injuries, safety hazards related to the care and services provided, occupational illnesses, or security incidents including incidents of property damage or theft, the Employee and Contractor shall immediately report the incident to DNA, as DNA requires documentation to insure continued patient safety.

ADDITIONAL REPORTING OBLIGATIONS OF CONTRACTOR

- A. Contractor shall also immediately report to DNA any employment-related concerns, problems or issues with any Employee supplied by DNA, including any Employee report made directly to Contractor.
- If Contractor reasonably believes that any Employee assigned by DNA is incompetent, negligent or has engaged in misconduct, Contractor may require such Employee to leave its premises and shall inform DNA of this action immediately. Contractor's obligation to compensate DNA for the Employee's services shall be limited to the hours actually worked by such Employee; however, any action taken by Contractor in this regard must be based upon a reasonable, good faith belief by Contractor that the
- Employee must in fact be removed from the premises immediately.

 Contractor is responsible to determine the adequacy of each Employee's job performance. If Contractor determines that the Employee's performance is unsatisfactory, Contractor will notify DNA of specific deficiencies in writing in circumstances other than those requiring immediate removal from the premises

- B. This Agreement shall be binding upon any and all successors and assigns of Contractor. In the event of a potential asset, stock or other sale of Contractor, Contractor and/or any or all of its agents and representatives (including, but not limited to brokers) shall have an affirmative duty to notify the potential buyer through the due diligence process or otherwise of the binding nature of this Agreement and that it is binding on all successors and assigns of Contractor. Contractor shall also notify DNA of the pendency of any transaction contemplated herein and shall provide DNA with reasonable notice thereof so that DNA may assert all rights it has under this Agreement, including, but not limited to, those referenced in Sections 29.A., 11 and 17 h
- C. To the extent Contractor breaches any part of this Section 29, the Indemnification provisions of Section 11 hereof shall be fully enforced by DNA against Contractor- It expressly is understood that liability to DNA shall not be limited to booked but

CHANGES TO AGREEMENT

Any changes to this Agreement shall be effective only if mutually agreed upon in writing by duly authorized representatives of the parties. This Agreement shall not be modified or supplemented, or any rights, duties or obligations of a party in it waived, except by such a writing.

FINAL AGREEMENT: SURVIVABILITY OF TERMS

This Agreement represents the entire agreement between the parties. It supersedes and voids all contract terms contained in any earlier agreements between the parties. There are no other oral or written agreements between the parties supplemental or contrary to this Agreement. If any provision hereof shall be held unenforceable, the remaining provisions shall be given full force and effect.

32. TERM OF AGREEMENT AND TERMINATION
The term of this Agreement shall be from February 2019 to February 2020, and will
automatically renew on an annual basis if not revised by agreement of each party or terminated.
Either party may terminate this Agreement for any lawful reason by sending the other written notice of termination at least thirty (30) days before the date of termination. Such termination shall not be a waiver of any right to pursue damages for a pre-existing breach. The parties herein shall deal with each other in good faith during the thirty (30) day period after which any notice of intent to terminate without cause has been given.

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NOTICE

Any notice given pursuant to this Agreement shall be given by personal delivery, prepaid telegram, telecopy, overnight delivery service postage prepaid, registered or certified mail, with return receipt requested, directed to the parties at the following addresses:

Dedicated Nursing Associates, Inc. 6536 William Penn Highway Rt 22 Suite 202

Delmont, Pennsylvania 15626

Contractor:

16101 Euclid Beach Boulevard Cleveland, Ohio 44110

CHOICE OF LAW/VENUE

This Agreement shall be governed by and construed in accordance with the laws of the Commonwealth of Pennsylvania, without reference to any conflicts of law principles thereof. In addition, any claims brought hereunder shall first attempted to be mediated informally by the parties. In the event mediation is unsuccessful, then any litigation brought hereunder must be brought in the Court of Common Pleas of Westmoreland County, Pennsylvania, or the U.S. District Court for the Western District of Pennsylvania, to the extent federal law or federal diversity jurisdiction would apply.

35 EXECUTION

This Agreement is executed by duly authorized officers, employees or agents of the parties on the dates below, and with the intent to be legally bound hereby:

Dedicated Nursing Associates, Inc.:	
By: Mean Brantile: Accountful Di	ated 2/8/19
By: Title: Account Rep.	
Contractor:	
Entity: & yelld Beach Healthcare	
By: Man RH2 Title: Aftheristrator [Authorized Representative]	Dated: 47/19

[Electronic signature/verification has the same legal significance as writing]

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Exhibit A

Per-Diem Rates	Weekday	Weekend
a. State Tested Nursing Assistant	\$29.00/Hr	\$32.00/Hr
b. Licensed Practical Nurse	\$42.00/Hr	\$45.00/Hr
c. Registered Nurse	\$52.00/Hr	\$55.00/Hr
Contract Assignment Rates		
a. State Tested Nursing Assistant	\$36.00/Hr	\$39.00/Hr
b. Licensed Practical Nurse	\$49.00/Hr	\$52.00/Hr
c. Registered Nurse	\$59.00/Hr	\$62.00/Hr

^{*} Travel/Contract Assignments are typically (13) thirteen weeks in duration, however never less than (4) four weeks and encompass all costs, e.g. lodging and travel.

Any new service not listed will be added by an addendum attachment.

Weekend Bill Rates

Contractor agrees to pay the weekend bill rates for the following days and shifts worked:

- Saturday- 7:00 am-3:00 pm

- 3:00 pm-11:00 pm 11:00 pm-7:00 am
- · Sunday-7:00 am-3:00 pm
- 3:00 pm-11:00 pm 11:00 pm-7:00 am

Holiday Policy

- The following days will be billed at 1 ½ the hourly rate:
 New Year's Eve 3:00 p.m. through New Year's Day
- Martin Luther King Jr. Day
- Easter Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Christmas Eve 3:00 p.m. through Christmas Day

Dedicated Nursing Associates, Inc Contract Forms	The state of the s
DNA Contract Compliance	DNA
	Document Number:
Document Title:	Effective Date: 01/13/2016
Joint Commission Compliance Form	Revision Date:
	Approved By: D.R./C.W.
	Page Number: Page 9 of 5

Dedicated floraling Associates, two (ENA) as a Joint Commission careful argumentation, we encurrage our climes re-

- Price is a previous per image projects and heads not production as the top of the confidence of the top of the confidence of the confidenc

Any cined all Deducted Hursery Assaciates, Inc. is encouraged to report a complaint or concern to the Joint Commission within IA columbar days of the emotted giving rise to the complaint Yax may contact the Jeint Commission by:

Training/Orientation

Contractor agrees to pay for all orientation/training hours.

Signed time cards that authorize a paid lunch break will be billed to the Contractor.

Any hours exceeding 40 hours in single payroll week (Sunday through Saturday) will be billed at time and a half (1 ½).

Cancellation Policy for Per Diem Personnel

· Per Diem: Any shift that is cancelled with less than two (2) hours notice will result in a four (4) hour billing charge.

Cancellation Policy for Travel/Contract Assignment:

 Travel/Contract Assignments are guaranteed. If cancelled (for any reason), weeks
agreed upon will be billed in full. If an employee works part of the assignment, that
time and the unworked portion will also be billed. The billed time is not to exceed
agreement unless an extension is required and documented. Minimum contract assignments are four (4) weeks.

Interest: Any invoice beyond 30 days past due will be charged interest at a rate of 1.5%.

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^{**} Specialty is considered any unit outside of Long Term Care, Med/Surg, Telemetry, All Registered Nurses that have management functions (floor manager, unit manager, etc) during their assignment will also be considered specialty.

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CONTACT CHECKLIST

Point of Contact	and the second s
Administrator: Name: Kevin Rite	DON: Celeste Laney W. Name:
E-mail: Kritz @ boulderhealthare. cun	,
Phone: 2/6-486-2300	E-mail: Claney @ boulderheathcare com
ext 2501	Phone: 216-486-2300 Ext. 2521
Scheduler/Staffing Coordinator:	Other:
Name: Save into as A	
E-mail: Celeste's	
Phone: Mré	

Type of Facility: SKIN	Very Facility (SNF)
Size/Number of Beds:	143
Main Need (Discipline):	NURS LON'S, RN'S
Currently Using Agency?	No

- ${\bf 1\,Who}\ ({\sf ex}; {\sf OR}\ {\sf Nurse}, {\sf ER}\ {\sf Nurse}, {\sf Med}\ {\sf Tech}, {\sf Telemetry}, {\sf Nurse}\ {\sf Aide}\ {\sf etc.})\ ?$
- 2 What (ex: education requirements, clinical requirements, specific years of experience, male or female, height requirements etc.)?
- 3 When (ex: length of assignment, specific schedule/days, start date etc.) ?
- 4 Where (ex: if multiple locations/wings, where is the help needed)?

Billing Information

Billing/Invoice	
Contact Name: BASAR Williams	Title: A.f.
	E-mail Address: Bwilliams @Boulder healthcare.

Nail Wind Wind Wind Western Wind Wind	Company Billing Name:	Euclis Beach Healthcase
voicing Preference: () E-mail	Billing Address: (6/0)	
rd F Rate: Holiday Rate: SP/VMS fee (if applicable):	nvoicing Preference:	
SP/VMS fee (if applicable):	Payment Preference:	() ACH () Check () Credit
	OT Rate:	Holiday Rate:
Iministrative fees (if applicable) & Special billing requirements:	MSP/VMS fee (if applica	ble):
		-

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Dedicated Nursing Associates, Inc 6731 William Penn Him Rt 22, Sulta 201 Demont, FA 15624 (855) 249-6013

Boulder Healthcare - Euclid Beach Healthcare 16:01 Euclid Beach Blvd. Cleveland, OH 44:110

INVOICE Invoice No. 159633 Date 05/07/2019 Page 1

197755	PO	Number :

							30		
Date	Shift	Temp					-		
05/29/19 Wes	1.07.004 - 03.000	Benson, Tavia (STNA)	Dept			Desc.	Rate	Units	Amount Due
05/30/19 Thu	07:004 - 03:000	Benson, Tavia (STNA)			Regular		29.00	7.50	217.50
05/31/19 Fri	07:00A - 03:00P	Benson, Javia (STNA)	LTC		Regular		29.00	7.50	217.50
		Benson, Tavia (STNA) Benson, Tavia (STNA)	LTC	Sı	Regular		29.00	7.50	217.50
05/26/19 Sun	11:000 03:000	Eaton, Porchia (STNA)	LTC	S1	Regular	Weekend	32.00	7.50	240.00
, 20, 23 301	11.00P - 07:00A	Eaton, Porchia (STNA)	LTC	53	Regular	Weekend	32.00	1.00	32.00
05/29/19 Wed	07:00A - 03:00P	Eaton, Porchia (STNA)		53	Regular	Weekend Holiday	48.00	6.50	312.00
05/29/19 Wed	03:00P - 11:00P	Hawkins, Lataisia (STNA)			Regular		29.00	8.00	232.00
05/27/19 Mon	07:00A - 11:00P	Holton, Brittney (STNA)			Regular		29.00	8.00	232.00
06/01/19 Sat	03:00P - 11:00P	Kamau, Martin (STNA)				Holiday	43.50	16.00	696.00
05/27/19 Mon	08:00A - 03:15P	Nichols, Shameka (STNA)				Weekend	32.00	8.00	256.00
05/30/19 Thu	07:00A - 03:00P	Payne, Tiffany (STNA)	LTC	51	Regular	Holiday	43.50	7.25	315.38
US/20/19 SUN	07:00A - 03:00P	Stewart Autumn (CTNA)			Regular		29 00	8.00	232.00
05/4//19 Mon	03:00P - 11:00P	Stewart Autumn (CTNA)				Weekend	32.00	8.00	256.00
03/20/13 106	97:00A - 03:00P	Stewart Autumn (CTRIS)				Holiday	43.50	8.00	348.00
03/28/19 Tue	03:00P - 11:00P	Stewart Autumo (ETNA)			Regular		29:00	8.00	232.00
05/30/19 Thu	07:00A - 03:00P	Stewart, Autumn (STNA)			Regular		29.00	8.00	232.00
00/01/19 FN	07:00A - 03:00P	Stewart Autumn (CTNA)			Regular		29.00	8.00	232.00
06/01/19 Sat	07:00A - 03:00P	Stewart, Autumn (STNA)			Overtime		43.50	8.00	348.00
02/50/12 (06	U7:00A - 02:00P	Washington Shaling (CTNA)	1.70			Weekend	48.00	8.00	384.00
			LTC	51	Regular		29.00	7.00	203.00
001 11 1 2 11 (01)	07.00A - 03:00P	Willis Brittany (CTRIA)					29.00	7.00	203.00
05/28/19 Tue	07:00A - 03:00P				Regular I	Holiday	43.50	8.00	348.00
		Boulder Healthcare	THC.	51	Regular		29.00	7.50	217.50

Boulder Healthcare - Euclid Beach Healthcare Subtotal: 178.25 6,203.38
Invoice Total: 176.25 66,203.38

Please Send Payments to:
Dedicated Nursing Associates Inc
6316 William Penn Hwy 41.22, Suite 201
Dedicated, Nursing Associates Inc
6316 William Penn Hwy 41.22, Suite 201
Desironity, Pay Islanding Use the Histories of Strong You!
Thank You fine Allowing Use the Histories of Strong You!
All invoices that are over the per time termits of the continues will be charged interest at a rate of 1.5%,

DNA

Dedicated Nursing Associates, Inc 6136 WM am Fern Hwy RI 22, Suite 231 Estimons, MA 13626 (855) 349-6013

Boulder Healthcare - Euclid Beach Healthcare 16101 Euclid Beach Bivd. Cleveland, OH 44110

INVOICE

Terms PO Number

						30		
Date	Shift Worked	Temp	Dept		Desc.	Rete	Units	Amount
06/07/19 Fri	11:00P - 07:00A	Beaman, Juanita (STNA)	LTC	53	Regular	29.00	8 00	232.00
06/07/19 Fri	11:00P - 07:00A	Benford, Toney (STNA)			Regular			217.50
05/02/19 Thu	07:00A - 03:00P	Benson, Tavia (STNA)	LTC	S1	Regular			217.50
06/05/19 Wed	07:00A - 03:00P	Benson, Tavia (STNA)	LTC	51	Regular			217.50
05/08/19 Sat	07:00A - 03:00P	Benson, Tavia (STNA)	LTC	51	Regular Weekend			240,00
06/05/19 Wed	03:00P - 11:00P	Blackmon, Renee (STNA)	TTC	52	Regular			217.50
06/05/19 Wed	07:00A - 03:00P	Chukwunede, Tatiana (STNA)	LTC	SI	Regular	29.00		232.00
06/08/19 Sat	03:00P - 11:15P	Conner, Ashlee (LPN)			Regular Weekend			371.25
06/05/19 Wed	07:00A - 03:00P	Eaton, Porchia (STNA)			Regular			217.50
06/05/19 Wed	03:00P - 11:00P	Eaton, Porchia (STNA)			Regular			217.50
06/06/19 Thu	07:00A - 03:00P	Eaton, Porchia (STNA)			Regular			217.50
06/06/19 Thu	03:00P - 11:00P	Eaton, Porchia (STNA)			Regular	29.00		217.50
06/07/19 Fri	07:00A - 03:00P	Eaton, Porchia (STNA)	ŁŢÇ	51	Regular	29.00		217.50
06/07/19 Fri	03.00P - 11:00P	Eaton, Porchia (STNA)	LTC	52	Regular		2.50	
05/08/10 5-1	07.004				Overtime			239.25
05/08/19 5at	07:00A - 03:00P	Eaton, Porchia (STNA)	LTC	Si	Overtime Weekend			
06/05/19 Wed	11:00P - 11:45P	Goggins, Tenisha (STNA)			Regular			21.75
06/07/19 Fri	11:00P - 07:00A	Goggins, Tenisha (STNA)	LTC	53	Regular	29.00	8.00	232.00
06/08/19 Sat	11:00P - 07:00A	Goggins, Tenisha (STNA)	LTC	S3	Regular Weekend	32.00		256.00
06/04/19 Tue		Gossett, Sakia (STNA)	LTÇ	51	Regular	29.00		217.50
06/07/19 Fri	07:00A - 03:00P	Gossett, Sakia (STNA)	LTC	SI	Regular			232.00
06/08/19 Sat	07:00A - 03:00P	Gossett, Sakia (STNA)	LTC	51	Regular Weekend			240.00
05/17/19 Fri	11:00P - 07:00A	Hale, Princess (STNA)	LTC	53	Regular			217.50
06/07/19 Fri	07:00A - 03:00P	Hawkins, Lataisia (STNA)	LTC	51	Regular			232.00
06/08/19 Sat	07:00A - 03:00P	Hawkins, Lataisia (STNA)			Regular Weekend			256.00
06/04/19 Tue	03.00P - 11.00P	Haynes, Candance (STNA)	LTC	52	Regular			217.50
05/05/19 Wed	03:00P - 11:00P	Holton, Brittney (STNA)	LTC	S2	Regular			232.00
05/01/19 Wed	03:00P - 11:30P	Hyche, Derrick (LPN)						336.00
06/02/19 Sun	03:00P - 11:00P				_			256.00
						-2.00	0.00	20.00

EXHIBIT 8

Commigent Stating: Invoice

Please Send Payments to:
Oet Cited Nursing Associates Inc.
6538 William Pene Hwy Rt 22, Suite 201
Delmont, PA 15826
Thank You Fe Allowing but the Purilege of Serving You!
All Invokes that are past due per the terms of the contract will be charged interest at a rate of 1.5%

Confingent Staffing: Invoice

					-		water a read	
Data	Shift Worked	Temp	Dept		Desc.	Rate	Units	Amount Due
06/05/19 Wed	1 03:00P - 11:00P	Kamau, Martin (STNA)	LTC	52	Regular	29.00	8.00	232.00
06/06/19 Thu	03:00P = 11:00P	Kamau, Martin (STNA)			Regular	29.00	8.00	232.00
06/07/19 Fri	03:00P - 11:00P	Kamau, Martin (STNA)			Regular	29.00	8.00	232.00
06/08/19 Sat	03:00P - 11:00P	Kamau, Martin (STNA)	LTC		Regular Weekend		8.00	256.00
06/07/19 Fri	07:00A - 03:00P	Kelly, Iesha (STNA)			Regular	29.00	8.00	232.00
06/07/19 Fri	03:00P - 11 00P	Kelly, Jesha (STNA)			Regular	29.00	8.00	
06/08/19 Sat	07:00A - 03:00P	Kelly, Iesha (STNA)			Regular Weekend		8.00	232.00
06/08/19 Sat	03:00P - 11:00P	Kelly, Iesha (STNA)			Regular Weekend		8.00	256.00
06/07/19 Fri	03:00P - 11:00P	Obe, Oluwatovin (STNA)			Regular	29.00	7.50	256.00
06/05/19 Wed	07:00A - 03:30P	Philpot, Honey (LPN)			Regular	42.00	8.50	217.50
06/07/19 Fri		Philpot, Honey (LPN)			Regular	42.00	8.25	357.00
06/07/19 Fri	03:00P - 11:30P	Robinson, Shatuana (LPN)	(TC		Regular	42.00		346.50
06/05/19 Wed	03:00P - 11:00P	Smith, Adreyonna (STNA)			Regular	29.00	8.00 B.00	336.00
06/06/19 Thu	03:00P - 11:00P	Smith, Daesha (STNA)			Regular	29.00	1.75	232.00
					Overtime	43.50	6.25	50.75 271.88
06/06/19 Thu	11:00P - 07:00A	Smith, Daesha (STNA)	LTC	53	Overtime	43.50	8.00	348.00
06/04/19 Tue	07:00A - 03:00P	Stewart, Autumn (STNA)	LTC	51	Regular	29.00	8.00	232.00
06/05/19 Wed	07:00A - 03:00P	Stewart, Autumn (STNA)			Regular	29.00	8.00	232.00
06/06/19 Thu	07:00A - 03:00P	Stewart, Autumn (STNA)			Regular	29.00	8.00	232.00
06/07/19 Fri	07:00A - 03:00P	Stewart, Autumn (STNA)			Regular	29.00	0.50	14.50
26/05/10 19/-				S 1	Overtime	43.50	7.50	326.25
06/03/19 Wed 06/07/19 Fri		Taylor, Tiara (STNA)	LTC	52	Regular	29.00	8.00	232.00
	U3:00P - 11:00P	Taylor, Tiara (STNA)	LTC	52	Regular	29.00	8.00	232.00
06/08/19 Sat	03:00P - 11:00P	Vassar, Carmi (STNA)	LTC	52	Regular Weekend	32.00	7.75	248.00
06/08/19 Sat	11:00P - 06 45A	Vassar, Carmi (STNA)	LTC	53	Regular Weekend	32.00	7.50	240.00
00/04/19 Tue					Regular	29.00	8.00	232.00
	8	oulder Healthcare - Eucli	d Be	ach	Healthcare Subt	otal:	401.50	12,983.13
					Inve		401.50	\$12,983.13

Case 2:23-cv-01597-JFC-RAL Document 1-6 Filed 09/05/23 Page 83 of 153

DNA Distriction Names Assessment for

Dedicated Nursing Associates, Inc 6536 William Penn Hwy Rt 22, Suite 201 Delmont, PA 15626 (855) 349-6013

Boulder Healthcare - Euclid Beach Healthcare 16191 Euclid Seach Bivd. Cleveland, OH 44110

INVOICE Invoice No. 150302 Date 06/21/2019 Page 1

Tarres	PO Number
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Date	Shift	Temp	Dept		Desc.	Rate	Units	Amount
06/10/19 Mon	03.00P - 11:00P	Benford, Toney (STNA)	LTC	52	Regular	29.00	7.50	217.50
06/10/19 Mon		Benson, Tavia (STNA)			Regular	29.00		333.50
05/11/19 Tue	07:00A - 03:00P	Benson, Tavia (STNA)			Regular	29.00		217.50
05/14/19 Fri	07:00A - 03:00P	Benson, Tavia (STNA)			Regular	29.00		217.50
06/14/19 Fri		Benson, Tavia (STNA)			Regular	29.00		
06/15/19 Sat		Benson, Tavia (STNA)			Regular Weekend	32.00		217.50
					Overtime Weekend	48.00	1.50	72.00
06/13/19 Thu	03 00P - 11:00P	Blackmon, Renee (STNA)	LTC		Regular	29.00		232.00
06/14/19 Fri	03:00P - 11:00P	Blackmon, Renee (STNA)			Regular	29.00		232.00
06/11/19 Tue		Drew, Tavana (STNA)			Regular	29.00		217.50
06/15/19 Sat	03:00P - 11:00P	Drew, Tavana (STNA)			Regular Weekend	32.00		256.00
06/10/19 Mon	07:00A - D3:00P	Eaton, Porchia (STNA)			Regular	29.00		217.50
		Eaton, Porchia (STNA)			Regular	29.00		217.50
06/11/19 Tue	07:00A - 03:00P	Eaton, Porchia (STNA)			Regular	29.00		217-50
06/11/19 Tue	03:00P - 11:00P	Eaton, Porchia (STNA)			Regular	29.00		217.50
06/14/19 Fri	07:00A - 03:00P	Eaton, Porchia (STNA)			Regular	29.00		232.00
06/14/19 Fri	03:COP - 11:00P	Eaton, Porchia (STNA)			Regular	29.00		58.00
26/12/24				C7 (Juantimo	43.50		251.00
06/13/19 Thu	11:00P - 07:00A	Ebotmanyinaw, Nikoline (STNA)	LTC	S3 F	Regular	29.00		217.50
00/12/14 Med	03:00P - 11:30P	Ellis, Angela (RN)				52.00		442.00
06/09/19 Sun	11:00P - 07:00A	Goggins, Tenisha (STNA)			-	32.00		256.00
06/10/19 Mon	11:00P - 07:00A	Goggins, Tenisha (STNA)				29.00		232.00
05/14/19 Fri	03:00P - 11:00P	Goodson, Alexia (STNA)	LTC	S2 F		29.00		217.50
06/09/19 Sun	07 00A - 03:GOP	Gossett, Sakla (STNA)	LTC	S1 A		32.00		256.00
06/10/19 Mon	07:00A - 03:00P	Gossett, Sakia (STNA)				29.00		232.00
06/10/19 Mon	11:00P - 07:00A	Hawkins, Lataisia (STNA)				29.00		232.00
06/13/19 Thu	07:00A - 03:00P	Hawkins, Lataisia (STNA)			-	29.00		217.50
06/10/19 Man	07:00A - 10:00A	Jackson, DeAndra (STNA)			-	29.00	3.00	87.00
06/11/19 Tue	07:00A - 03:00P					29.00		232.00
					4	-0.00	0.00	432,00

Please Send Payments to:
Declared Nursing Associates Inc
Gold William Penn Hwy Rt 22, Sinle 201
Delman, PA 15526
Thank Tay Are Adversing the Environment of Senning You'
Thank Tay Are Allegang this Environment of Senning You'
All Invariant (MM are past that pen the terms of the contract will be charged interest at a rate of 1.5%

DNA

Dedicated Nursing Associates, Inc 6536 William Penn Hwy. Rt 22, Suite 201 Delmont, PA 15626 (855) 349-6013

Boulder Healthcare | Euclid Beach Healthcare 15101 Euclid Beach Blvd, Cleveland, OH 44110

INVOICE Invoice No. 160706 Date 06/28/2019 Page 1

Terr	THE !	PO :	Numbe
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Date	Shift Worked	Tamp	Dept.	Desc.	Rate	Units	Amount
06/20/19 Thu	03:00P - 11:30P	Amey, Tiffany (LPN)	LTC	S2 Regular	42.00	8.00	336.00
06/16/19 Sun	07:00A - 03.00F	Benson, Tavla (STNA)		51 Recular Weekend	32.00		240.00
06/17/19 Mor	03/00P - 11:00P	Blackmon, Renee (STNA)		S2 Regular	29.00		217.50
06/18/19 Tue	03:00P - 10:00P	Bodkin, Jennifer (LPN)		S2 Regular	42.00		273.00
06/21/19 Fri		Conner, Ashlee (LPN)		S1 Regular	42.00		378.00
06/22/19 Sat		Conner, Ashlee (LPN)		S1 Regular Weekend			371.25
06/18/19 Tue		Desselles, Jasmine (STNA)		S1 Regular	29.00		232.00
06/22/19 Sat		Desselles, Jasmine (STNA)		S1 Regular Weekend			256.00
06/21/19 Fri		Eaton, Porchia (STNA)		S3 Regular	29.00		232.00
06/22/19 Sat	03:00P - 11:00P	Eaton, Porchia (STNA)		S2 Regular Weekend			256.00
06/22/19 Sat	11 00P - 07:00A	Eaton, Porchia (STNA)		S3 Regular Weekend			256.00
06/21/19 Fri	07:00A - 03:00P	Goodlow, Deanna (STNA)		51 Regular	29.00		232.00
06/21/19 Fri	07:00A - 03:00P	Gossett, Sakia (STNA)			29.00		232.00
06/22/19 Sat	07:00A - 03:00P	Gossett, Sakia (STNA)		S1 Regular Weekend			256.00
06/22/19 Sat	07:30A - 03:30P	Hamilton, Delvon (LPN)		S1 Regular Weekend			360.00
06/16/19 Sun	07:00A - 03:00P	Hawkins, Lataisla (STNA)		S1 Regular Weekend			256.00
06/17/19 Mon	11:00P - 07:00A	Hawkins, Lataisia (STNA)			29.00		232.00
06/20/19 Thu	03:00P - 11:30P	Hill, Shantell (LPN)			42.00		336.00
06/21/19 Fri	03:00P - 11:30P	Hill, Shantell (LPN)			42.00		346.50
06/19/19 Wed	03:00P - 07:15A	Holton, Brittney (STNA)			29.00		471.25
06/21/19 Fri	07.00A - 03:00P	Holton, Brittney (STNA)			29.00		232.00
06/21/19 Fri	G7:00A - 03:00P	Jennings, Gequanna (STNA)			29.00		232.00
06/18/19 Tue	03:00P - 11:00P	Johnson, Cory (STNA)			29.00		217.50
06/18/19 Tue	03:00P - 11:00P	Kamau, Martin (STNA)		_	29.00		232.00
06/19/19 Wed	03:00P - 11:00P	Kamau, Martin (STNA)			29.00		232.00
05/21/19 Fri	03:00P - 11:00P	Kamau, Martin (STNA)		_	29.00		232.00
06/17/19 Mon	03:00P - 11:00P	Kelly, Jesha (STNA)			29.00		232.00
06/20/19 Thu	03:00P - 11.00P	Kelly, Iesha (STNA)			29.00		232.00
06/21/19 Fri	07:00A - 03:00P	Kelly, Iesha (STNA)			29.00		232.00
				-		0.00	

Please Send Payments to:
Dedicated Nursing Associates Inc
6538 William Penn Hwy R 22, Sulte 201
Delmon; Pa 15can Hwy R 22, Sulte 201
Delmon; Pa 15cang Us the Privilege of Serving You.
Thank You For Allowing Us the Privilege of Serving You.
All Invoices that are nest due per the terms of the contract will be charged interest at a rate of 1.5%.

Invoice No. 160302 Date 06/21/2019 Page 2 Terms PO Number 30

Date	Shift Worked	Temp	Dept	Desc.	Rate	Units	Amount Due
06/13/19 Thu	07:00A - 03:00P	Jennings, Gequanna (STNA)	LTC	S1 Regular	29.00	8.00	232.00
06/13/19 Thu	07:00A - 03:00P	Jorden, Alexandra (STNA)		S1 Regular	29.00	7.50	
06/09/19 Sun	03:00P - 11:00P	Kamau, Martin (STNA)		S2 Regular Weekend		8.00	217.50
06/13/19 Thu	03:00P - 11:00P	Kelly, Iesha (STNA)		S2 Regular	29.00	8.00	256.00
06/14/19 Fri		Kelly, Jesha (STNA)		S2 Regular	29.00		232,00
06/09/19 Sun	07:00A - 02:00P	Lee, Myriah (STNA)		51 Regular Weekend		8.00	232.00
06/11/19 Tue	07:00A - 03:45P	Patterson, Derrika (LPN)		S1 Regular	42.00	5.50	208.00
06/14/19 Fri	03:00P - 11:30P	Robinson, Shatuana (LPN)		S2 Regular	42.00	8.25	346.50
06/13/19 Thu	07:00A - 03:00P	Simmons, Astin (STNA)		S1 Regular		8.00	335.00
06/14/19 Fri	07:00A - 03:00P	Simmons, Astin (STNA)		S1 Regular	29.00	8.00	232.00
06/11/19 Tue	03:00P - 11:00P	Smith, Adreyonna (STNA)		S2 Regular		8.00	232.00
06/12/19 Wed	03:00P - 11:00P	Smith, Adreyonna (STNA)		52 Regular	29.00	7.50	217.50
06/12/19 Wed	11:00P - 07:00A	Smith, Adreyonna (STNA)			29.00	7.75	224,75
06/13/19 Thu	03:00P - 11:00P	Smith, Adreyonna (STNA)		53 Regular	29.00	7.75	224.75
06/05/19 Wed	02:00A + 11:00A	Smith, Siera (STNA)		S2 Regular	29.00	8.00	232.00
	Note Inconvenier		CIC	S1 Regular	29.00	4.00	116.00
06/10/19 Mon							
06/09/19 500	07:006 - 03:000	Wester, Carmi (SINA)	LTC	52 Regular	29.00	7.50	217.50
06/10/19 Mag	07:004 - 03:000	Washington, Shalina (STNA)	LTC	51 Regular Weekend	32.00	8.00	256.00
06/13/19 Thu	07:00A - 02:00P	Washington, Shalina (STNA)	LTC	S1 Regular	29.00	7.00	203.00
06/13/19 His	07.00A - 03.00P	Washington, Shalina (STNA)			29.00	8.00	232.00
00/12/13 ##60				S2 Regular	29.00	2.50	72.50
		Boulder Healthcare - Eucli	d Be				10,967.50
				Inv	oice Tota	: 354.75	\$10,967.50



Dedicated Nursing Associates, Inc 6536 William Penn Hwy Rt 22, Suite 201 Delmont, PA 15626 (855) 349-6013

Boulder Healthcare - Euclid Beach Healthcare 15101 Euclid Beach Bivd. Cleveland, On 44110

INVOICE Invoice No. 161389 Oate 07/12/2019 Page 1

Yerms PO Number

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Date	Shift Worked	Temp	Dept.	Desc		Rate	Units	Amount Due
07/02/19 Tue	07:00A - 03:00P	Amey, Tiffany (LPN)	LTC	S1 Regular		42.00	7.50	315.00
07/02/19 Tue	03:00P - 11:30P	Amey, Tiffany (LPN)	LTC	SZ Regular		42.00	8.50	357.00
07/01/19 Mon	07:00A - 03:30P	Conner, Ashlee (LPN)	LTC	S1 Regular		42.00	8.50	357.00
C7/02/19 Tue	07:00A - 03:30P	Conner, Ashlee (LPN)		S1 Regular		42.00	8.50	357.00
07/02/19 Tue	03:00P - 11:00P	Curtis, Antonio (STNA)	LTC	S2 Regular		29.00	8.00	232.00
07/06/19 Sat	03:00P - 10:00P	Curtis, Antonio (STNA)	LTC	S2 Regular V	Veekend	32.00	7.00	224.00
01/06/19 Sat	11:00P - 07:30A	Goggins, Tenisha (STNA)		53 Regular V		32.00	8.50	272.00
07/01/19 Man	07:00A - 04:00P	Griffin, Tiffany (LPN)		S1 Regular		42.00	8.50	357.00
		Griffin, Tiffany (LPN)	LTC	S1 Regular		42.00	8.00	336.00
07/01/19 Man	07:00A - 03:00P	Jennings, Gequanna (STNA)	LTC	S1 Regular		29.00	8.00	232.00
07/02/19 Tue	03:00P - 11:00P	Kamau, Martin (STNA)		52 Regular		29.00	8.00	232.00
07/02/19 Tue	03:00P - 11:00P	Kelly, Iesha (STNA)		S2 Regular		29.00	8.00	232.00
07/03/19 Wed	03:00P - 07:00P	Kelly, Iesha (STNA)		S2 Regular		29.00	4.00	116.00
	Note inconvenier			-				210.00
07/02/19 Tue	04:00P - 11:00P	Stewart, Autumn (STNA)	LTC	S2 Regular		29.00	7.00	203.00
07/03/19 Wed	07:00A - 03:00P	Stewart, Autumn (STNA)	LTC	S1 Regular		29.00	8.00	232.00
07/02/19 Tue	03:00P - 12:0CA	Sumbry, Rayona (LPN)	LTC	S2 Regular		42.00	8.50	357.00
07/02/19 Tue	03:00P - 10:45P	Tan, Kean (LPN)	LTC	S2 Regular		42.00	7.25	304.50
07/03/19 Wed	03:00P - 07:00P	Vernon, Treasure (RN)		S2 Regular		52.00	4.00	208.00
	Note inconvenier	ice pay per contract					1100	2.00100
		Boulder Healthcare - Eucli	d Be	nch Healthc	are Subi	otal:	135.75	4.923.50
							135.75	\$4,923.50

Please Send Payments to:
Dedicated Nursing Associates for,
6:36 Wilsiam Peon Hay Nr. 22, Sudie 201
Delmort, PA. 15426
Thank Too Ir. An Aboung Us the Privilege of Senting You!
Thank Too Ir. An Aboung Us the Privilege of Senting You!
All invocase that are past due per the terms of the contract will be charged interest at a rate of 1.5%

Case 2:23-cv-01597-JFC-RAL Document 1-6 Filed 09/05/23 Page 84 of 153

DNA

Dedicated Nursing Associates, Inc 6536 William Penn Hwy Rt 22, Suite 201 Delmont, P4 15626 (855) 349-6013

Boulder Healthcare - Euclid Beech Healthcare 16101 Euclid Beach Blvd. Cleveland, OH 44110

INVOICE Invoice No. 161802 Date 07/19/2019 Page 1

Date	Shift Worked	Temp	Dept		Desc.	Rate	Units	Amount Due
07/07/19 Sun 07/03/19 Word	07:00A - 03 00P	Benson, Tavia (STNA) Conner, Ashlee (LPN)			Ragular Weekend	32.00	7.50	240.00
07/09/19 Tue	03:00P - 11:00P	Forte, Evani (STNA)			Regular Regular	42.00	8.25 7.50	346.50 217.50
07/10/19 Wed	03:00P - 11:00P	Forte, Eyani (STNA) Holton, Brittney (STNA)	LTC	52	Regular	29.00	7.50	217.50
07/03/19 Wed	11:00P - 03:00A	Philpot, Honey (LPN)			Regular Regular	29.00 42.00	1.00	232.00 42.00
07/03/19 Wed	03.009 - 07:009	Smith, Adreyonna (STNA)		S3	Regular Holiday	63,00	3.00	189,00
	Note Inconvenie	nce pay	-14	52	Regular	29.00	4.00	116 00

nence pay

Boulder Healthcare - Euclid Beach Healthcare Subtotal: 46.75 1,600.50

Invoice Total: 46.75 31,600.50

Please Send Payments to:
Dedicated Nursing Associates for.
Side Millarn Person Hay No. 22, Suite 201
Delmont, PA. 15826.
Thank Too for Allowing Us the Privilege of Sending You!
All Invokes that are past due per the terms of the contract will be charged interest at a rate of 1.5%.

Dedicated Nursing Associates, Inc.

6536 William Penn Hwy Rt 22

Suite 201

Delmont, PA 15626

Boulder Healthcare-Euclid Beach Healthcar 1610) Euclid Beach Blvd, Cleveland, OH 44110

Invoice # 8/1/2019 2951i

Invoice

			P.O. No.	Terms		Project
				Net 30		
Quantity		Description		Rate		Amount
6,203.38 12,983.12 10,967.5	Interest Due on the Following Invoice #1960/91 Invoice #1600/91 Invoice #1600/91 Invoice #1600/92 Invoice #1607/06				0.015 0.015 0.015 0.015	93.0 194.1 164.2 140.6
				Total		\$592.9

Dedicated Nursing Associates, Inc.

6536 William Penn Hwy Rt 22 Suite 201 Delmont, PA 15626

Bill To	
Boulder Healtheare-Euchid Beach Healthear 16101 Euclid Beach Blvd. Cleveland. OH 44110	

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Date	Invoice #
9/1/2019	3122i

Dedicated Nursing Associates, Inc.

6536 William Penn Hwy Rt 22

Suite 201

Delmont, PA 15626

Bill To
oulder Healthcure-Eiselid Beach Healthcar 6101 Eiselid Beach Blad leveland, OH 44110

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Date	Invoice #
10/1/2010	2196

Quantity	Description	Rate	Amount
	Interest Due on the Following		
	Invoice #159631	0.015	93.0
	Invoice #160091	0.015	194.7
	Invoice #160302	0.015	164.5
	Invoice #160706	0.015	140.6
	Invoice #157326B	0.015	D. (
	Invoice #160896	0.015	100.4
	Invoice #161389	0.015	73.8
	Invoice #161802	0.015	24.0
592.99	Invoice #2951j	0.015	8.8
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		Total	\$800.2

P.O No.

Terms

P.O. No.	Terms	Project
	Net 30	
	Rate	Amount

Quantity	Description	Rete	Amount
	Interest Due on the Following		
	Invoice #159631	0.015	93,0
	Invoice #160091	0.015	194.
	Invoice #160302	0.015	164.
	Invoice #160706	0.015	140
5.63	Invoice #157326B	0.015	0.
	Invoice #160896	0.015	100.
	Invoice #161389	0.015	73.
1.600.5	Invoice #161802	0.015	24.
592.99	Invoice #29511	0.015	8.
800.25	Invoice #3122i	0.015	12.
		Total	\$812.

Case 2:23-cv-01597-JFC-RAL Document 1-6 Filed 09/05/23 Page 85 of 153

Dedicated Nursing Associates, Inc. 6536 William Penn Hwy Rt 22 Suite 201 Delmont, PA 15626

Statement

Date 10/8/2019

Amount Enc.

Amount Due

To:	
ouider Healtheare-Euclid Beach Healthear 8101 Euclid Beach Mind leveland, OH 44110	

\$43,144,34 Date Amount Balance PMT #1428.
INV #156091. Due 07/07/2019. Grig. Amount \$0,201.38.
INV #156091. Due 07/14/2019. Grig. Amount \$12.983.13.
INV #156091. Due 07/14/2019. Grig. Amount \$12.983.13.
INV #156002. Due 107/21/2019. Grig. Amount \$10,967.50.
INV #156002. Due 107/21/2019. Grig. Amount \$9,107.50.
INV #156096. Due 07/28/2019. Grig. Amount \$1,97.50.
INV #157326. Due 08/04/2019. Grig. Amount \$4,923.50.
INV #157326. Due 08/14/2019. Grig. Amount \$1,923.50.
INV #157326. Due 08/14/2019. Grig. Amount \$1,923.50.
INV #157326. Due 08/14/2019. Grig. Amount \$50.99.
INV #158002. Due 08/14/2019. Grig. Amount \$50.99.
INV #31851. Due 10/31/2019. Grig. Amount \$50.02.
INV #31851. Grig. Grig. Amount \$50.29. -11,738,54 6,203,38 12,983,13 -79,75 10,967,50 9,378,50 6,695,00 5,63 4,923,50 1,600,50 592,99 800,25 812,25 -11,738.54 -5,535.16 7,447.97 7,368.22 18,335.72 27,714.22 34,409.22 34,414.85 39,338.35 40,938.85 41,531.84 42,332.09 43,144.34 09/01/2019 10/01/2019 1-30 DAYS PAST 31-60 DAYS PAST CURRENT 61-90 DAYS PAS OVER 90 DAYS 812.25 800.25 7.116.99 34,414.85 \$43,144,34

EXHIBIT 9

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MEDICAL STAFFING AGREEMENT

THIS MEDICAL STAFFING AGREEMENT ("Agreement"), made this 2st day of July 2019, between DEDICATED NURSING ASSOCIATES, INC. ("DNA"), a Pennsylvania corporation having a place of business at 5536 William Pani Highway Rt. 22, Sorte 262, Delmont, Pennsylvania 15626,

A N D

Greenville Health and Rehab ("Contractor"), having its principle place of business at 243 Marion Drive, Greenville, Ohio 45331.

WHEREAS, DNA is in the business of providing registered numes, licensed practical nurses, certified nursing sicks, home health aides and other modical professionals ("Employees") with particular skills and experience, and

WHEREAS, Contractor is in need of personnel with the skill and experience provided by

NOW, THEREFORE, in consideration of the coverants contained herein and intending to be legally bound, the parties hereby agree as follows:

EMPLOYEES TO BE PROVIDED

The Employees to be provided include, but are not limited to, the following: RN's, LPN's, CNA's, HHA's and NA's.

2. QUALIFICATIONS OF EMPLOYEES

DNA will ensure that Employees to be provided shall possess the qualifications required to perform the work for which they are contracted to provide in their particular field of practice. They shall also possess the required qualifications in the areas of education, certification, license. Physical and Mantoux test and criminal clearances, as required.

3. DNA AS EMPLOYER
Compractor shall not be responsible for payment of wages, salaries, and other compensation, fringe benefits, unemployment insurance, workers' compensation, social sectority, or other payroll taxes for staff provided to Contractor by DNA. Further, DNA shall be the employer of all persons it furnishes to Contractor.

EXPENSES

Contractor shall be responsible for all expenses incurred by INAA amployees relating to patient care (by way of example only, gloves) while on assignment to Contractor under this

EXHIBIT 10

Case 2:23-cv-01597-JFC-RAL Document 1-6 Filed 09/05/23 Page 86 of 153

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5. <u>ADMINISTRATIVE LINK</u>
For the purpose of facilitating the services contemplated by this Agreement, Contractor and DNA each shall designate an administrative employee to be available for such purpose.

COMPENSATION (TIME RECORDS)

Contractor shall compensate DNA for its services in accordance with the schedule set forth in Exhibit "A" hereto, which is incorporated by reference and made part of this Agreement. For the purpose of compensation, DNA shall submit documentation in the form of time records for the services provided to Contractor. Contractor, or its authorized representative, shall be responsible for verifying that the time records are accurate.

SCHEDULING AND SUBSTITUTE STAFF

- A Contractor must immediately notify DNA of any changes to the agreed upon staffing schedule for Employees. Contractor is not autilerized to accept a schedule change sensonic for Employees. Contractor is not auticrized to accept a schedule change fixed is only discussed with an Employee and not approved in advance by DNA. If the schedule change results in the Employee working fewer hours than scheduled, failure to give notice to and receive consent from DNA may result in a charge for the originally scheduled hours. If a schedule change result in a Employee working over forty (40) hours in one week for DNA, and if there is no agreement to the contrary, Contractor will be charged the overtime billing rate for any hours that were not approved in advance by DNA for the Employee.
- B. DNA shall use its best efforts to replace regularly scheduled staff that are unavailable on a given day due to an illness or paid time off, or because of an emergency, vacation or holiday, however, DNA cannot guarantee that it can or will provide

HIRING OF EMPLOYEES BY CONTRACTOR AND CONVERSION FEE

8. HIRNO OF EMPLOYEES BY CONTRACTOR AND CONVERSION FEE
Contractor may wish to employ directly an Employee who has been supplied by DNA. In
the event of such a conversion to the employ of Contractor or to another employer to whom
Contractor refers such Employee, Contractor agrees to pay a conversion fee. The conversion fee
is \$15,000.00 for an RNA, \$12,000.00 for an LPN, \$9,000.00 for a CNA, and \$9,000.00 for a HAA
or NA. The conversion fee will be reduced by \$200.00 for act Al hours of weekly services
performed while on assignment to the Contractor, however in no event will have be any less than
a \$6,000.00 conversion fee for any position. The same calculations will be used if Contractor
convers a DNA Employee to part-time status. Again, the
onversion fee will not be less than
\$6,000.00.

A. The conversion fee is payable if Contractor lines the DNA Employee assigned, regardless of the employment classification, on either a permanent, temporary (including temporary assignments through another assency) or consulting basis within six (6) months after the last day of the assignment. Contractor also agrees to pay a conversion fee if the DNA Employee assigned to Contractor is hired by a subsidiary, other related company or any other entity or business as a result of referral of the Employee by Contractor.

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Páge: 8 of 56

Two Million (\$2,000,000.00) Dollars per occurrence and \$ix Million (\$6,000,000.00) Dollars annual aggregate

GENERAL LIABILITY INSURANCE

Te: 8378460681@rcfax.com

Gostrect shall maintain accident and general liability insurence overing the premises where DNA furployees will perform services hereunder, as well as any Contractor owned or leased vehicles that DNA Employees may use in the course of their work pursuant to this Agreement. Upon request of DNA, Contractor shall provide a copy of all insurance policies demonstrating compliance with this paragraph.

INDEPENDENT STATUS

- 14. In the performance of their respective duties under this Agreement, DNA and Contractor shall remain independent contracting entities, and neither shall be deemed to he the employer or employes of the other for any purpose whatsoever. The relationship between the parties shall at all times be that of independent contractors. No provision of this Agreement is intended to, in shall be construed, to render one party an employee, servant or parmer of the other.
- B. In the event that the Internal Revenue Service or another government agency questions or challenges the independent contractor status of either DNA or Contractor, both DNA and Contractor, upon receipt by either of them of notice from the Internal Revenue Service or other government agency, shall promptly notify and afford the other party the opportunity to participate in any discission or negotiation with the Internal Revenue Service or other government agency, prespective by whom such agoldations were imitated, to the extent permitted by the Internal Revenue Service or other government agency. Service or other government agencies.

COMMUNICATION WITH STAFF

Contractor shall not communicate directly with DNA impleyees outside of the assignment scope. All communications regarding staff scheduling with DNA Employees, whether written, werbal, or in person, shall be relayed through DNA unless otherwise agreed to in writing by both parties. See also paragraph 7.A. hereof.

16. NO SOLICITATION BY CONTRACTOR
During the term of this Agreement, Contractor shall not solicit or aniempt to solicit, either directly or indirectly, the business or trade of DNA for Contractor's length or the benefit of any other person or entity to the exclusion of DNA, nor shall Contractor request or allow anyone to do so on its behalf.

INJUNCTIVE RELIEF

In addition to all other available remedies in the event of a breach of this Agreement, DNA, as the aggreeved party, shall be entitled to immediate injuristive relief to prevent the irreparable harm which will result in the absence of such relief.

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9. COMPLIANCE WITH APPLICABLE I AW

DNA and Contractor shall comply with the Fair Latior Standards Act, the Occupational
Safety and Health Act ('OSHA''), Immigration Reform and Control Act, the Health Insurance
Portability and Accountability Act ("HIPAA"), and all other applicable federal, state, and local
stantates, laws, ordinances, regulations and standards including, but not limited to, equal
employment opportunity, civil rights, anti-discrimination, wage and hour, privacy and Joint
Commission, whether as presently enacted or as hereafter attended. Notwithstanding the above,
it is agreed that Contractor is primarily responsible for compliance with OSHA and comparable
state laws and regulations thereunder, to the extent these laws and egulations apply to
Employees assigned to Coutractor. This responsibility includes, but is not limited to, required
information and training in site-specific protocols, the facility deposule control plan and
available personal protective equipment. Contractor will maintain documentation regarding
training and related obligations hereunder, and make this documentation available to DNA uponrequest. Contractor will provide post-exposure evaluation and follow-up in accordance with request. Contractor will provide post-exposure evaluation and follow-up in accordance with OSHA standards.

- 10. CONFIDENCE OF INFORMATION

 A. Contractor shall keep in confidence all information rulating to the methods of operations, trade secrets, business plans, business opportunities, finances, strategic planning and development, research, development, reterancel data, recruiting, compensation, billing, and all other confidential knowledge, sata and information related to the business and affairs of DNA that has be acquired in furtherance of the relationship contemplated by this Agreement. During jud after the term of this Agreement, Contractor shall not, without the prior written consumt of DNA, publish, communicate, divulse or disclose any such information. communicate, divulge or disclose any such information.
- B. The parties hereto agree to comply with an regulations that have or may become effective turing the term of this Agreement, including, but not limited to HIPAA and any amendments, tules and regulations promulgated thereunder. The parties further agree to exclude any additional documents that may be required under HIPAA, including, but not limited to, a Rusiness Associates A comment. Business Associates Agreement.

INDEMNIFICATION

DNA and Contractors shall indemnify, hold harmless, and, upon request, defend the other party and their respective subsidiaries, affiliates, directors, officers, onlyloyees, agents and independent contractors. From and against all liens, claims, charges, causes of action of any type, whether in law or equity, liabilities, damages, losses and expenses including, but not limited to, interest, penalties, reasonable attorney's feet and costs of put, arising out of or in connection with their own acts or omissions, whether in whole or iti part, relating to their obligations pursuant to this Agreement,

PROFESSIONAL LIABILITY INSURANCE

Each party to this Agreement shall obtain, at its own cost, professional liability insurance covering its own act or omissions. Each shall maintain such insurance in amounts not less than

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FLOATING POLICIES AND COMPETENCE

Floating refers to the reassignment of Employees, where the Employee's job functions differ from specified requirements. With the express, writen percussion of DNA, Contractor may float one or more Employees that are within the scope of the Employee's clinical expertise. Joint Commission standards, and to which they have been fully oriented. Contractor shall pay to DNA the agreed upon rate under these circumstances.

ORIENTATION POLICIES

Contractor will require Employees furnished under this Agreement to review Contractor's fire and disaster, infection control and no-list policies prior to glacement.

SUBCONTRACTING

DNA, at its sole discretion, may contract with one or more puson or entities for the performance of DNA's services covered by this Agreement, provided the contract shall not relieve DNA of its obligations and liability under this Agreement. Any individual provided under such a subcontracting arrangement shall be deemed as "Employee" solely for purposes of this Agreement.

INCIDENT, ERROR TRACKING SYSTEM

DNA has a system for reporting, tracking, and documenting unexpected incidents. When any Employee is involved in medication and/or documentation errors, unanticipated deaths, patient incidents, injuries, safety hazards related to the care and services provided, occupational illinesses, or security incidents including incidents of property damage or think, the Employee and Contractor shall immediately report the incident to DNA, as DNA requires documentation to insure continued patient safety

- 22. ADDITIONAL REPORTING OBLIGATIONS OF CONTRACTOR
 A. Contractor shall also immediately report to DNA any employment-related concerns, problems or issues with any Employee supplied by DNA, including any Employee report made directly to Contractor
- B. If Contractor reasonably believes that any Employee as igned by DNA is incompetent, negligent or has engaged in misconduct, Contractor may require such Employee to leave its premises and shall inform DNA of this action immediately. Contractor's obligation to compensate DNA for the Employee's services shall be limited to the hours sexually worked by such Employee; however, any action taken by Contractor in this regard must be based upon a reasonable, good faith belief by Contractor that the Employee must in fact be removed from the premises immediately.
- C. Contractor is responsible to determine the adequacy of each Employee's job performance. If Contractor determines that the Friployle's performance is unantiafactory, Contractor will notify DNA of specific deficiencies in writing in circumstances other than those requiring immediate removal from the premises

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ADDITIONAL LIMITATIONS/REQUIREMENTS

- A. Contractor agrees that it will not entrust any Employee with unattended premises, eash, checka, keya, credit cards, merchandise or offser valuables without prior, express permission from DNA.
- B. Contractor will not request or permit any Employee to use any vehicle, regardless of ownership, in connection with the performance of services for Contractor, without prior, express permission from DNA.

NON-DISCRIMINATION

Both DNA and Contractor agree that they will abide by all federal, state, and applicable laws regarding the prohibition of discrimination in the provision of services on the basis of race. sex, religion, creed, disability, ancestry, national origin, sexual preference or age.

NO WAIVER

No course of dealing or failure of either party to strictly enforce any term, right or condition of this Agreement shall be construed as a waiver of such term, right, or condition relating to any subsequent breach.

SURVIVAL OF OBLIGATIONS

Contractor's obligations under this Agreement which by their nature would continue beyond the termination, cancellation, or expiration of this Agreement, shall survive termination, cancellation or expiration of the Agreement.

NO GENERAL INVALIDITY

If any of the provisions of this Agreement are judic ally seclared invalid or unenforceable, such invalidity or unenforceablity shall not invalidate or render unenforceable the entire Agreement, and this Agreement shall be construed as if not containing the particular invalid or unenforceable provision or provisions.

DISASTERS AND RELATED EVENTS

Notifier DNA nor Contractor shall be liable for failure to perform hereunder due to contingencies beyond either of their reasonable control including, but not limited to, strikes, riots, war, fire, acts of God or natural disasters, socidents, mochacical failures not caused by the fault or neglect of DNA or Contractor, compliance with any lays, regulation, of order of the United States of America or any state, governmental body, or any instrumentality hereof, whether now striking a hearther metal. existing or hereafter created.

 ASSIGNMENT/SUCCESSORS AND ASSIGNS
 Contractor shall not assign or delegate its right, duties and obligations under this Agreement, either in whole or in part, or any mentes due or to become due hereunder without the prior written consent of DNA, which shall not be unreasonably withheld. Any such assignment without the prior written consent of DNA shall be absolutely invalid. DNA may in its discretion, assign this Agreement in whole or in part to its subsidiaries, or affiliated corporations.

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From Journal Parties | Fact 1754418777 | Tax 17711614 Spring and Fact 1714 644-691

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NOTICE

Any notice given pursuant to this Agreement shall be given by personal delivery, prepaid telegram, telecopy, overnight delivery service postage propied, registered or certified mail, with certain receipt requested, directed to the parties at the following addresses:

Dedicated Nursing Associates, Inc. 6536 William Penn Highway Rt 22

Suite 202 Delmont, Pennsylvania 15626

Contractor: 243 Marion Drive Greenville, Ohio 45331

CHOICE OF LAWVENUE

This Agreement shall be governed by and construed in accordance with the laws of the Commonwealth of Pennsylvania, without reference to any conflicts of I w principles thereof, in addition, any claims brought hereunder shall first attempted to be mediated informally by the parties. In the event mediation is unsuccessful, then any liftgation brought hereunder must be brought in the Court of Common Pleas of Westmoreland County, Pennsylvania, or the U.S. District Court for the Western District of Pennsylvania, to the extent faderal law or federal diversity jurisdiction would apply

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B. This Agreement shall be binding upon any and all successors and assigns of Contractor. In the event of a potential asset, stock or other sale of Contractor, Contractor and/or any or all of its agents and representatives (including, but not limited to brokers) shall have an effirmative duty to notify the petential buyer through the due diligence process or otherwise of the binding name of this Agreement and that it is binding on all successors and assigns of Contractor. Contractor shall also notify DNA of the pendency of any transaction omtempla and negating and shall provide noticy DNA or the pendency of any transaction opiniemphases negetial and shart provided DNA with reasonable notice thereof so that DNA may a saint all rights it has under this Agreement, including, but not limited to, these referenced in Sections 29.A., 11

C. To the extent Contractor breaches any part of this Section 29 the Indemnification provisions of Section 11 hereof shall be fully enforced by DNA against Contractor. It expressly is understood that liability to DNA shall not be limited to booked but unworked shifts.

CHANGES TO AGREEMENT

Any changes to this Agreement shall be effective only if mutually a greed upon in writing by duly authorized representatives of the parties. This Agreement shall not be modified or supplemented, or any rights, duties or obligations of a party in it waived, except by such a

31. <u>FINAL AGREEMENT: SURVIVABILITY OF TERMS</u>
This Agreement represents the entire agreement between the parties. It supersedes and voids all contract terms contained in any earlier agreements between the parties. There are no other oral or written agreements between the parties supplemental or contrary to this Agreement If any provision hereof shall be held unenforceable, the remaining provision is shall be given full

TERM OF AGREEMENT AND TERMINATION

32. TERMINE AGREEMENT AND TERMINATION.

The term of this Agreement shall be from July 2019 to July 2 20, and will automatically renew on an annual basis if not revised by agreement of each party as terminated. Either party may terminate this Agreement for any lawful reason by tending the office written notice of termination at least thirty (30) days before the date of termination. Such remination shall not be a waiver of any right to pursue damages for a pre-existing breach. The patties herein shall deal with each other in good faith during the thirty (30) day period after which say notice of intent to terminate written cause has been given. tenninate without cause has been given.

| Docusign Envelope IO: CB21506-618E-4611-61CE-0ACF8A18C10F | Service | 937-548-0081 | Franciscontrol Pasting | Fac 374473779 | To: 82764839118/14/sauson | Fac 1931) 344 (201) Page: 21 of 16 37/02/2019 22:27 PM 35 EXECUTION This Agreement is executed by duly authorized officers, employees or agents of the parties on the dates below, and with the intent to be legally bound herely: Dedicated Nursing Associates, Inc.: Title: Contract Administrator 7/2/2019 Christopher Errent Title: Senior Account Executive 7/2/2019 Jamifor Fresting wiede Webb Title: Collections Manager Dated: 7/2/2019 Contractor: Print Name Germontille Health & Robert Dated: 7/2/19 Title: down

[Electronic signature/verification has the same legal significance as writing].

(Authorized Representative

Case 2:23-cv-01597-JFC-RAL Document 1-6 Filed 09/05/23 Page 88 of 153 DocuSign Envelope ID: CB21599C-618E-4832-81CE-0ACF8A3BC10F Front-Penning Planting Fax: 1744728778 Tat: 1774472874542878 Tat: 1774472874542878 Tat: 1774472874542878 11/15 Figures of 16 - 07/52/2019 12:27 PM Per-Dlem Rates Weekday Weekend Dedicated Nursing Associates, Inc. Contract Forms n. State Tested Nursing Assistant \$29.50/Hr 532 50/53 DINA b. Licensed Practical Nurse \$42.50/H \$45.50/Hr DNA Contract Compliance c. Registered Nurse -\$52.50/Hr 55,50/Hr Document Number: Contract Assignment Rates Document Title: Effective Date: 01/13/2016 Joint Commission Compliance Form a. State Tested Nursing Assistant Revision Date \$36.50/Hr 939.50/Hr Approved By: D.R.JC.W. b. Liceraed Practical Nurse \$52.50/Hr Page 9 of 9 c. Registered Nurse \$59.50/H-\$62.50/Hr * Travel/Contract Assignments are typically (13) thirteen weeks in dunttion, however never $\label{the large decomposition} In a (DMS) \ \ \ with a distribution so the field any originary we were regarded as a single factor of the state o$ less than (4) four weeks and encompass all costs, e.g. lodging and travel. Any new service not listed will be added by an addendum attachment. People on mentions and transpropers to and heaft are producted also have the local that companies within heaft here produced in the right and region and provide flowering. In the companies within heaft here produced in the right and provides an employed and control and or written as proposed and the companies of the companies of the right and the companies are control and or written as for many transportations are control produced as the companies of the co ** Specialty is considered any unit outside of Long Tenn Care, Med Surg. Telemetry. All Registered Nurses that have management functions (floor manager, ulit manager, etc) during their assignment will also be considered specialty. Weekend Bill Rates Contractor agrees to pay the weekend bill rates for the following days and slifts worked: Saturday- 7:00 am-3:00 pm key if not of Decis abol Harring Assess than he in assuring of he report a complaint or sec the const(a) giving rise to the complaint. You may nected the Joint Commission by: 3:00 pm-11:00 pm 11:00 pm-7:00 am · Sunday-7:00 am-3:00 pm 3:00 pm-11:00 pm 11:00 pm-7:00 sm Holiday Policy The following days will be billed at 1 ½ the hourly rate: New Year's Eve 3:00 p.m. through New Year's Day - Martin Luther King Jr. Day 7/2/19 7/2/2019 - Easter Day - Memorial Day Unistablier Brant - Independence Day - Labor Day - Thanksgiving Day - Christmas Eve 3:00 p.m. through Christmas Day Exhibit A Training Orientation 13 DocuSign Envelope D. CB21568C-618E 4832-61CE-0ACF8A3EC10F Heartish of Greenville 937-548-0051 14/15 Prigo: 15 of 16 07/92/2019 12:17 PM Pax: 17246723779 From: Jeantfer Fueling Contractor agrees to pay for all orientation/training hours. **Point of Contact** Lunch Breaks Administrator: DON: Signed time cards that authorize a paid lunch break will be billed to the Contractor. Name: Tracey Name: Victor & lassford Lurean F-mail E-mail: Any hours exceeding 40 hours in single payroll week (Sunday through Saturday) will be billed at time and a half (1 %) Phone: (419) 779- 4461 Phone: (5/3) 236-1400 Cancellation Policy for Per Diem Personnel Scheduler/Staffing Coordinator: Corporate Point of Contact: Per Diem: Any shift that is cancelled with less that two (2) hour notice will result in Name: Jody Prush Name: Victor a four (4) hour billing charge. fr lupsfird E-mail: Cancellation Policy for Travel/Contract Assignment: Email: Phone: (937) 548-3141 Travel/Contract Assignments are guaranteed. If sencelled (for any reason), weeks agreed upon will be billed in full. If an employee works part of the assignment, that time and the unworked portion will also be billed. The bill of time is not to exceed Phone: (4(19) 779 agreement unless an extension is required and documented. Min assignments are four (4) weeks. Type of Facility: SK:110d nursing Size/Number of Beds: 92 Interest: Any invoice beyond 30 days past due will be charged interest at a late of 1.5%.

- 1 Who (ex: OR Nurse, ER Nurse, Med Tech, Telemetry, Nurse Aide etc.) ?
- What (ex: education requirements, clinical requirements, specific years of experience, male or female, height requirements etc.) ?
- 3 When (ex: length of assignment, specific schedule/days, start date etc.)?
- 4 Where (ex: if multiple locations/wings, where is the help reeded)?

CONTACT CHECKLIST

12

Case 2:23-cv-01597-JFC-RAL Document 1-6 Filed 09/05/23 Page 89 of 153

Billing/Invoice			
Contact Name: Kyle Weigenen	Thie: P.P		STETU SEE
Phone Number: [937] 548. 3141		ess: KL	man Dios de health co
Corporate Group Affiliation: Rea	of LTC		
Company Billing Name:	Health	at Bala	
		we the Dr	~5'301
Involcing Preference: () E-ma		(ADVail	11001
Payment Preference: () ACH Card	(Sheck	() Credit	
DUNs Number:			
OT Rate:	1	oliday Rate	
MSP/VMS fee (if applicable):	- SIMILE		
Administrative fees (if applicable) & Sp	ecial billing re	quirements	
			j.
			,
	Н		

EXHIBIT 11

DNA

Dedicated Nursing Associates, Inc 6536 William Penn Hey Rt 27, Suite 201 Delmont, PA 15626 (855) 349-6013

Boulder - Greenville Health and Rehab 243 Marion Drive Greenville, OH 45331

INVOICE Invoice Na. 161974 Date 07/19/2019 Page 1

Terms PO Number 30

Date	Shift Worked	Temp	Dept.	Desc.	Rate	Units	Amount Due
07/11/19 Thu	06:00A - 02:00P	Dahistrom, Merissa (STNA)					
		Boulder - Greenville Heal	th and	I Rehab Sub	total:	7.50	221.25
				Inv	cice Total	7.50	0221.25

Please Send Payments to:
Dedicated Nursing Associates Inc
6536 William Pann Hwy Rt 22, Suite 201
Delmont, PA 15626
Thank You For Allowing Us the Privilege of Serving You!
ARI INVOICES that are past due par the terms of the contract will be charged interest at a rate of 1.5%

DNA

Dedicated Nursing Associates, Inc 6536 William Penn Hwy Rt 22, Suite 201 Delmont, PA 15626 (855) 349-6013

Boulder - Greenville Health and Rehat 243 Marion Drive Greenville, OH 45331

INVOICE Invoice No. 162382 Date 07/26/2019 Page 1

Terme PO Number

Date	Worked	Temp	Dept.	Desc.	Rate	Units	Amount Due	
07/18/19 Thu	06:00A - 02:00P	Barnes, Chrystal (STNA)	LTC	S1 Regular	29.50	7.50	221.25	
07/19/19 Fri	06:00A - 02:15P	Dahlstrom, Merissa (STNA)	LTC	S1 Regular	29.50	8.25	243.38	
	02:00P - 10:15P	Williams, Rebecca (LPN)	LTC	S2 Regular	42.50	8.25	350.63	
07/1 6/19 Tue	02:00P - 11:00P	Williams, Rebecca (LPN)		S2 Regular		8.75	371.88	
		Boulder - Greenville Healt	th and	Rehab Sub	total:	32.75	1,187.14	
				Em	roice Total	32.75	\$1,187.14	

Please Send Payments to:
Dedicated Nursing Associates Inc
6536 William Penn Hwy Rt 22, Suice 201
Delmont, PA 15626
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Dedicated Nursing Associates, Inc 6536 William Penn Hwy Rt 22, Suite 201 Delmont, PA 15626 (855) 349-6013

Greenville Health and Rehab Contract 243 Marion Drive Greenville, OH 45331

INVOICE Invoice No. 162172 Date 07/26/2019 Page 1

Terme	PO	Number
30	-	

Dete	Shift Worked	Temp	Dopt.	Desc.	Rate	Units	Amount Due
07/16/19 Tue	09:45P - 06:15A	Helsle, Ricklta (LPN)	LTC	S1 Regular	49.50	8.00	396.00
07/18/19 Thu	10:00P - 05:45A	Heisle, Rickita (LPN)	LTC	S1 Regular	49.50	7.25	358.88
07/15/19 Mon	06:00A - 02:00P	Patterson, Amanda (STNA)	LTC	S4 Regular	36.50	7.50	273.75
07/16/19 Tue	06:00A - 02:00P	Patterson, Amanda (STNA)	LTC	S4 Regular	36.50	7.50	273.75
		Patterson, Amanda (STNA)			36.50	7.50	273.75
		Patterson, Amanda (STNA)	LTC	S4 Regular	36.50	7.50	273.75
07/14/19 Sun	11:00P - 06:00A	Scruggs, Tiffany (STNA)	LTC	51 Regular Weekend	39.50	6.50	256.75
07/15/19 Mon	10:00P - 06:00A	Scruggs, Tiffany (STNA)	LTC	S1 Regular	36.50	7.50	273.75
07/17/19 Wed	10:15P - 06:15A	Scruggs, Tiffany (STNA)	LTC	S1 Regular	36.50	7.50	273.75
07/18/19 Thu	10:00P - 06:00A	Scruggs, Tiffany (STNA)	LTC	S1 Regular	36.50	7.50	273.75

Please Send Payments to:
Dedicated Nursing Associates Inc
6336 William Penn Hwy Rt 22, Suite 201
Delmont, PA 15546
Thank You For Allowing Us the Privilege of Serving You!
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DNA

Dedicated Nursing Associates, Inc 5536 William Penn Hwy Rt 22, Suite 201 Delmont, PA 15626 (855) 349-6013

Boulder - Greenville Health and Rehab 243 Marion Drive Greenville, OH 45331

INVOICE Invoice No. 162728 Date 08/02/2019 Page 1

Torms	PO Number
30	

Date	Shift Worked	Temp	Dept.	Desc.	Rate	Units	Amount Due
07/23/19 Tue	02:00P - 10:45P	Nicoletti, Jamie (LPN)	LTC	S2 Regular	42.50	8.25	350.63
07/26/19 Fri	02:00P - 11:15P	Williams, Rebecca (LPN)	LTC	S2 Overtime	63.75	9.00	573,75
07/27/19 Sat	02:00P - 10:15P	Williams, Rebecca (LPN)	LTC	S2 Overtime Weekend	68.25	7.75	528.94
		Boulder - Greenvi	ille H	salth and Rehab Sub	total:	25.00	1,453.32
				Inv	oice Tota	: 25.00	\$1,453.32

Please Send Payments to:
Dedicated Nursing Associates Inc
6536 William Pann Hwy Rt 22, Suite 201
Delmont, PA 15626
Thank You for Allowing Us the Philipse of Serving You!
All Invoices that are past due per the terms of the contract will be charged interest at a rate of 1.5%

DNA

Dedicated Nursing Associates, Inc 6936 William Peni Hwy Rt 22, State 201 Delmont, PA 15626 (855) 349-6013

Greenville Health and Rehab Contract 243 Marion Drive Greenville, OH 45331

INVOICE Invoice No. 162534 Date 08/02/2019 Page 1

Torms	PO Numbe
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Date	Shift Worked	Temp	Dopt	L Desc.	Rate	Units	Amount Due
07/20/19 Sat	09:45P - 06:00A	Heisle, Rickita (LPN)	LTC	S1 Regular Weekend	52.50	7.75	406.88
07/22/19 Mon	09:45P - 06:15A	Heisle, Rickita (LPN)	LTC	S3 Regular	49.50	8.00	396.00
		Heisle, Rickita (LPN)	LTC	S3 Regular	49.50	7.75	383.63
07/24/19 Wed	09:45P - 06:00A	Heisle, Rickita (LPN)	LTC	S3 Regular	49.50	7.75	383.63
07/25/19 Thu	09:45P - 06:00A	Heisle, Rickita (LPN)	LTC	S3 Regular	49.50	7.75	383.63
07/19/19 Fri	11:00P - 06:00A	Jackson, Kelsie (STNA)	LTC	S1 Regular	36.50	6.50	237.25
07/20/19 Sat	10:00P - 10:00A	Jackson, Kelsie (STNA)	LTC	S1 Regular Weekend	39.50	11.50	454.25
07/23/19 Tue	10:00P - 06:00A	Jackson, Kelsle (STNA)	LTC	S1 Regular	36.50	7.50	273.75
07/24/19 Wed	10:00P - 06:00A	Jackson, Kelsle (STNA)	LTC	S1 Regular	36.50	7.50	273.75
07/26/19 Fri	10:00P - 06:00A	Jackson, Kelsle (STNA)	LTC	S1 Regular	36.50	7.50	273.75
07/20/19 Sat	06:00A - 09:00A	Patterson, Amanda (STNA)	LTC	S4 Regular Weekend	39.50	3.00	118.50
07/23/19 Tue	06:00A - 02 00P	Patterson, Amanda (STNA)	LTC	54 Regular	36.50	7.50	273.75
07/24/19 Wed	06:00A - 02:00P	Patterson, Amanda (STNA)	LTC	S4 Regular	36.50	7.50	273.75
07/25/19 Thu	06:00A - 02:00P	Patterson, Amanda (STNA)	LTC	S4 Regular	36.50	7,50	273.75
07/26/19 Fri	06:00A - 02:00P	Patterson, Amanda (STNA)	LTC	S4 Regular	36.50	7.50	273.75
07/20/19 Sat	10:00P - 06:00A	Scruggs, Tiffany (STNA)	LTC	S1 Regular Weekend	39.50	7.50	296.25
07/21/19 Sun	10:15P - 06:15A	Scruggs, Tiffany (STNA)	LTC	S1 Regular Weekend	39.50	7.50	296.25
07/22/19 Mon	10:00P - 06:00A	Scruggs, Tiffany (STNA)	LTC	S1 Regular	36.50	7.50	273.75
07/23/19 Tue	10:00P - 06:15A	Scruggs, Tiffany (STNA)	LTC	S1 Regular	36.50	7.75	282.88
07/25/19 Thu	10:15P - 06:15A	Scruggs, Tiffany (STNA)	LTC	S1 Regular	36.50	7.50	273.75
		Greenville Health	end (Rehab Contract Sub	total:	150.25	6,102.90
				Inv	oice Tota	t: 150.25	\$6,102.90

Please Send Payments to:
Dedicated Nursing Associates Inc.
\$5.58 william Penn Hory Rt. 22, Suite 201
Delmont, PA 15626.
Thank You for Allowing Us the Privilege of Serving You!
All unvoices that are past due per the terms of the contract will be charged interest at a rate of 1.5%

DNA

Dedicated Nursing Associates, Inc 6536 William Pern Hwy Rt 22, Suite 201 Delmont, PA 15626 (855) 349-6013

Greenville Health and Rehab Contract 243 Menion Drive Greenville, OH 45331

INVOICE Invoice No. 163092 Date 06/09/2019 Page 1

Terres	PO Number
30	

					-		
Date	Shift Worked	Temp	Dept	Desc.	Rate	Units	Amount Due
07/28/19 Sun	09:45P - 06:00A	Heisle, Rickita (LPN)	LTC	53 Regular Weekend	52.50	7.75	405.88
07/29/19 Mon	09:45P - 06:15A	Heisle, Rickita (LPN)	LTC	53 Regular	49.50	8.00	396.00
07/31/19 Wed	10:00P - 06:15A	Heisle, Rickita (LPN)	LTC	S3 Regular	49.50	8.25	408.38
08/02/19 Fri	09:45P - 06:00A	Heisle, Rickita (LPN)	LTC	S3 Regular	49.50	7.75	383.63
08/03/19 Sat	09:45P - 06:00A	Heisle, Rickita (LPN)	LTC	S3 Regular Weekend	52.50	7.75	406.88
07/28/19 Sun	06:00P - 06:00A	Jackson, Kelsie (STNA)	LTC	S1 Regular Weekend	39.50	11.50	454.25
07/31/19 Wed	06:00P - 06:00A	Jackson, Kelsie (STNA)	LTC	S1 Regular	36.50	11.50	419.75
08/01/19 Thu		Jackson, Kelsie (STNA)	LTC	S1 Regular	36.50	4.00	146.00
08/02/19 Fri	06:00P - 06:00A	Jackson, Kelsie (STNA)	LTC	S1 Regular	36.50	11.50	419.75
07/29/19 Mon	06:00A - 02:00P	Patterson, Amanda (STNA)	LTC	S4 Regular	36.50	8.00	292.00
07/30/19 Tue	06:00A - 02:00P	Patterson, Amanda (STNA)	LTC	S4 Regular	36.50	7.50	273.75
08/02/19 Fri	06:00A - 02:00P	Patterson, Amanda (STNA)	LTC	S4 Regular	36.50	7.50	273.75
08/03/19 Sat	06:00A - 02:00P	Patterson, Amanda (STNA)	LTC	S4 Regular Weekend	39.50	7.50	296.25
07/26/19 Fri	07:00A - 04:45P	Scruggs, Tiffany (STNA)	LTC	S1 Regular	36.50	9.75	355.88
	Note 40 hours gr	uaranteed as per contracted	JC				
07/28/19 Sun	10:15P - 06:30A	Scruggs, Tiffany (STNA)	LTC	S1 Regular Weekend	39.50	7.75	306.13
07/29/19 Mon	10:15P - 06:15A	Scruggs, Tiffany (STNA)	LTC	S1 Regular	36.50	7.50	273.75
07/30/19 Tue	10:00P - 06:00A	Scruggs, Tiffany (STNA)	LTC	S1 Regular	36.50	7.50	273.75
07/31/19 Wed	10:15P - 06:00A	Scruggs, Tiffany (STNA)	LTC	S1 Regular	36.50	7.25	264.63
07/29/19 Mon	01:30P - 10:00P	Turk, Courtney (LPN)	LTC	S2 Regular	49.50	8.00	396.00
07/30/19 Tue	01:45P - 10:15P	Turk, Courtney (LPN)	LTC	S2 Regular	49.50	8.25	408.38
07/31/19 Wed	01:45P - 10:30P	Turk, Courtney (LPN)	LTC	S2 Regular	49.50	8.75	433.13
08/01/19 Thu	02:00P - 10:15P	Turk, Courtney (LPN)	LTC		49.50	6.50	321.75
				S2 Overtime	74.25	1.75	129.94
08/02/19 Fri	02:00P - 10:00P	Turk, Courtney (LPN)			74.25	8.00	594.00
		Greenville Health	and I	Rehab Contract Subl			8,334.61
				Inve	Hce Total	180.50	\$8,334.61

Please Send Payments to:
Dedicated Nursing Associates Inc
6556 William Pren Inky Rt 22, Suite 201
Delmont, PA 15526.
Thank Tin Far Railweig & the Pervilege of Serving You!
All Invoices that we past she per the terms of the contract will be charged interest at a rate of 1.5%

Case 2:23-cv-01597-JFC-RAL Document 1-6 Filed 09/05/23 Page 91 of 153

DNA

Dedicated Nursing Associates, Inc 6536 William Penn Hery Rt 22, Suite 201 Delmont, PA 15626 (855) 349-6013

Boulder - Greenville Heelth and Rehab 243 Marion Drive Greenville, OH 45331

INVOICE

Terms	PO Number
30	

Date	Shift Worked	Temp	Dept.	Desc.	Rata	Units	Amount Due
08/01/19 Thu	06:30A - 02:00P	Collins, Tyra (STNA)	LTC	S1 Regular	29.50	7.00	206.50
08/02/19 Fri	06:00A - 02:00P	Collins, Tyra (STNA)	LTC	S1 Regular	29.50	7.50	221.25
07/23/19 Tue	06:00A - 02:15P	Dahlstrom, Merissa (STNA)	LTC	S1 Regular	29.50	7.75	228.63
07/30/19 Tue	06:00A - 02:15P	Dahlstrom, Merissa (STNA)	LTC	S1 Regular	29.50	7.75	228.63
		Boulder - Greenville Healt	th and	Rehab Sub	total:	30.00	885.01
				Im	veice Teta	t: 30.00	\$885.01

Please Send Payments to:
Dedicated Nursing Associates Inc
6536 William Pen Hwy Rt 22, Suite 201
Delmont, PA 15626
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Date	Shift Worked	Temp	Dopt.	Desc.	Rate	Unite	Amount Due
08/06/19 Tue	11:00A - 11:00P	Williams, Rebecca (LPN)	LTC S2	Regular	49.50	11.50	569.25
08/07/19 Wed	03:00P - 10:30P	Williams, Rebecca (LPN)	LTC S2	Regular	49.50	7.25	358.88
08/08/19 Thu	11:00A - 11:00P	Williams, Rebecca (LPN)	LTC S2	Regular	49.50	11.50	569.25
		Greenville Health and Re	nab Cont	tract Sub	total:	242.75	10,685.67



Dedicated Nursing Associates, Inc 6536 William Penn Hwy Rt 22, Suite 201 Delmont, PA 15626 (855) 349-6013

Greenville Health and Rehab Contract 243 Marion Drive Greenville, OH 45331

INVOICE Invoice No. 163421 Date 08/16/2019 Page 1

Deta	Shift Worked	Temp	Dept.	Deec.	Rate	Units	Amount Due
		Heisle, Rickita (LPN)	LTC	S3 Regular	49.50	8.00	396.00
08/09/19 Fri	09:45P - 06:15A	Heisle, Rickita (LPN)	LTC	S3 Regular	49.50	8.00	396.00
08/10/19 Sat		Heisle, Rickita (LPN)	LTC	53 Regular Weekend	52.50	8.00	420.00
08/06/19 Tue		Jackson, Kelsie (STNA)	LTC	S1 Regular	36.50	7.00	255.50
08/08/19 Thu		Jackson, Kelsie (STNA)	LTC	S1 Regular	36.50	4.00	146.00
08/09/19 Fri		Jackson, Kelsie (STNA)	LTC	S1 Regular	36.50	11.25	410.63
08/10/19 Sat		Jackson, Kelsie (STNA)		S1 Regular Weekend	39.50	11.50	454.25
		Patterson, Amanda (STNA)			39.50	7.50	296.25
		Patterson, Amanda (STNA)			36.50	7.50	273.75
		Patterson, Amanda (STNA)			36.50	7.50	273.75
		Patterson, Amanda (STNA)			36.50	8.00	292.00
08/09/19 Fri		Patterson, Amanda (STNA)	LTC	S4 Regular	36.50	4.00	146.00
		Perdue, Ja'ela (LPN)	LTC	S1 Regular	49.50	11.50	569.25
08/06/19 Tue		Perdue, Ja'ela (LPN)		S1 Regular S1 Regular	49.50 49.50		420.75 148.50
08/08/19 Thu		Perdue, Ja'ela (LPN)	LTC	S1 Regular	49.50	11.50	569.25
08/09/19 Fri		Perdue, Ja'ela (LPN)		S1 Regular S1 Overtime	49.50 74.25		272.25 222.75
		Scruggs, Tiffany (STNA)	LTC	S1 Regular Weekend	39.50	7.25	286.38
		Scruggs, Tiffany (STNA)	LTC	S1 Regular	36.50	7.25	264.63
		Scruggs, Tiffany (STNA)	LTC	S1 Regular	36.50	7.00	255.50
		Scruggs, Tiffany (STNA)	LTC	S1 Regular	36.50	7.25	264.63
		Scruggs, Tiffany (STNA)	LTC	S1 Regular	36.50	7.50	273.75
		Turk, Courtney (LPN)	LTC	S2 Regular	49.50	8.00	396.00
		Turk, Courtney (LPN)		S2 Regular	49.50	8.25	408.38
		Turk, Courtney (LPN)	LTC	S2 Regular	49.50	8.25	408.38
		Turk, Courtney (LPN)		S2 Regular	49.50	8.25	408.38
08/10/19 Sat	01:45P - 10:00P	Turk, Courtney (LPN)		S2 Regular Weekend S2 Overtime Weekend	52.50 78.75		380.63 78.75

Please Send Payments to:



Dedicated Nursing Associates, Inc 6516 William Fern Hwy Rt 22, Suite 201 Delmont, PA 15626 (855) 349-60:3

Boulder - Greenville Health and Rehab 243 Marion Drive Greenville, OH 45331

INVOICE

 Date
 Shift Worksed
 Temp
 Dept
 Jose
 Rate
 Unit
 Amount Due

 08/05/19 Mon
 06:00A - 02:00P
 Alexander, Julia (STNA)
 LTC
 S1 Regular
 29:50
 8:00
 236:00
 Boulder - Greenville Health and Rehab Subtotal: 8.00 Involce Total: 6.00 \$236.00

Please Send Payments to:
Dedicated Nursing Associates Inc
6536 William Pann Inby Rt 22, Sulte 201
Delmont, PA 15626
Thank You For Allowing Us the Privilege of Serving You!
All invoices that are past due per the terms of the contract will be charged interest at a rate of 1.5%

DNA

Dedicated Nursing Associates, Inc. 8536 William Penn Highway Rt. 22 Suite 202 Delmont, PA - 15636-2409 Phone 855-349-6013

Period Ending 8/10/2019 14924524 Dedicated Nursing Associates, Inc. 8536 William Penn Highway Rt. 22 Suite 202 Delmont, PA - 15636-2409 Phone: 855-349-6013

8/17/2019 14924523

Greenville Health and Rehab 243 Marion Drive Greenville , OH - 45331

Greenville Health and Rehab 243 Marion Drive Greenville , OH - 45331

Careolver Name

08/13/2019

08/14/2019

08/17/2019

08/17/2019

Greenville Health and Rehab 243 Marion Drive Greenville , OH - 45331

Facility Name Greenville Health and Rehab Department Name: STAR Rickita Heisle

Greenville Health and Rehab 243 Marion Drive Greenville , OH - 45331

Rickita Lynn Heisle Caregive Date Shifte 9:45PM - 6:15AM Rickita Lynn Heisle OH - LPN Hourly 8.00 \$396.00 \$49.50 8.00 \$396.00 Unit Sub Total: 8.00 \$396.00 8.00 \$396.00 Fecility Total 8.00 \$396.00

Please return a copy of this invoice with your payment or indicate the invoice number on your check.

Facility Name: Greenville Health and Rehab Amanda Patterson Unit Name:

6:00AM - 6:00PM

6:00AM - 6:00PM

6:00AM - 7:00AM

Amanda LaSha Patterson

Caregiver

Amanda LaSha Patterson

Amanda LaSha Patterson

Rate \$36.50 Total \$419.75 Amanda LaShe Patterson OH - STNA Hourly 11.50 \$419.75 OH - STNA Hourly 1.00 \$38.50 \$36.50

10.50

34.50

34.50

\$39.50

Please pay this amount: \$396.00

Dedicated Nursing Associates, Inc. 6536 William Penn Highway Rt. 22 Suite 202 Delmont, PA - 15636-2409 Phone: 855-349-6013

Unit Name: Courtney Blaike Turk

Courtney Blaik Turk Caregive Description Total 1:45PM - 10:00PM Courtney Blaik Turk \$433,13 \$420.75 08/11/2019 OH - LPN Hourly 8.25 \$52.50 08/12/2019 1:45PM = 10:15PM Courtney Blaik Turk OH - LPN Hourly \$49.50 8.50 OH - LPN Hourly 08/14/2019 1:45PM - 10:30PM Courtney Blaik Turk 8.75 \$49.50 \$433,13 08/15/2019 1:45PM = 10:00PM Courtney Blaik Turk OH - LPN Hourly \$49.50 \$408.38 8.25 OH - LPN Hourly 08/15/2019 10:00PM - 4:15AM Courtney Blaik Turk 6.25 \$49.50 \$309.38 4:15AM - 6:30AM 08/16/2019 OH - LPN Hourly Courtney Blaik Turk 2.25 \$74.25 \$167.06 42.26 \$2171.83 Unit Sub Total: 42.25 \$2171.83

Caregiver Sub Total

Unit Sub Total:

DNA

All invoices that are past due per terms of the contract will be charged an interest rate of 1.5%

Damon Dicks

Caregiver Name Damon Isaia Dicks Caregiver Damon Isaia Dicks Destro Shifts Total \$301.13 08/12/2019 9:45PM - 6:15AM OH - STNA Hourly \$36.50 08/13/2019 9:45PM - 6:00AM Damon Isala Dicks OH - STNA Hourly 8.00 \$36.50 \$292.00 Damon Isala Dicks OH - STNA Hourly 8.25 \$301.13

Facility: Greenville Health and Rehab

invoice #:14924524

Page 1 Of 1

Facility: Greenville Health and Rehab

Rickita Heisle

Unit Name:

Invoice #:14924523

Page 1 Of 3

\$414.75

\$1290.75

\$1290.75

08/16/2019	9:45PM ~ 6:00AM	Damon Isala Dicks	OH - STNA Hourly	8.25	\$36.50	\$301.13
			Caregiver Sub Total:	32.75		\$1195.39
			Unit Sub Total:	32.75		\$1195.39
Unit Name:	Ja'ela Perdue					
Caregiver Name	: Ja'ela Tyrae Per	due				
Date	Shifts	Caregiver	Description	Hm/Unite	Rate	Total
08/13/2019	11:00AM - 11:00PM	Ja'ela Tyrae Perdue	OH - LPN Hourly	11.50	\$49.50	\$569.25
08/16/2019	11:00AM - 11:30PM	Ja'ela Tyrae Perdue	OH - LPN Hourly	12.00	\$49.50	\$594.00
08/17/2019	11:00AM - 11:00PM	Ja'ela Tyrae Perdue	OH - LPN Hourly	11.50	\$52.50	\$603.75
			Caregiver Sub Total:	35.00		\$1767.00
			Unit Sub Total:	35.00		\$1767.00
Unit Name:	Kelsie Jackson					
Caregiver Name	: Kelsie Jackson					
Date	Shills	Caregiver	Description	Hra/Units	Rate	Total
08/11/2019	6:00PM - 6:00AM	Kelsie Jackson	OH - STNA Hourly	11.50	\$39.50	\$454.25
08/14/2019	6:00PM - 6:00AM	Kelsie Jackson	OH - STNA Hourly	11.50	\$36.50	\$419.75
08/17/2019	6:00PM - 10:00PM	Kelsie Jackson	OH - STNA Hourly	4.00	\$39.50	\$158.00
			Caragivar Sub Yotal:	27.00		\$1032.00
			Unit Sub Total:	27.00		\$1032.00
Unit Name:	Rebecca William	16				
Caregiver Name:	Rebecca Cathe \	Williams				
Dute	Styllin	Caregiver	Description	Hre/Units	Rate	Total
08/11/2019	2:00PM - 10:30PM	Rebecca Cathe Williams	OH - LPN Hourly	8.25	\$52.50	\$433.13
08/12/2019	2:00PM - 11:15PM	Rebecca Cathe Williams	OH - LPN Hourly	9.00	\$49.50	\$445.50
08/13/2019	1:45PM - 10:15PM	Rebecce Cathe Williams	OH - LPN Hourly	8.25	\$49.50	\$408.38
08/14/2019	10:45AM - 11:30PM	Rebecca Cathe Williams	OH - LPN Hourly	12.25	\$49.50	\$606.38
08/16/2019	10:45AM - 1:00PM	Rebecca Cathe Williams	OH - LPN Hourly	2.25	\$49.50	\$111.38
06/16/2019	1:00PM + 11:15PM	Rebecca Cathe Williams	OH - LPN Hourly	9.75	\$74.25	\$723.94
08/17/2019	10:45AM - 10:45PM	Rebecca Cathe Williams	OH - LPN Hourly	11.50	\$78.75	\$905.63
			Caregiver Sub Total:	61.25		\$3834.34

Unit Sub Total

61.25

Caregiver Name:	Rickita Lynn Hei	sie				
Date	Shifts	Caregiver	Description	Hre/Unite	Rate	Total
08/13/2019	9:45PM - 6:15AM	Rickita Lynn Helsle	OH - LPN Hourly	8.00	\$49.50	\$396.00
08/14/2019	10:00PM - 6:00AM	Rickita Lynn Helsle	OH - LPN Hourly	8.00	\$49.50	\$396.00
08/16/2019	9:45PM - 6:15AM	Rickita Lynn Heisle	OH - LPN Hourly	8.00	\$49.50	\$396.00
			Caregiver Sub Total:	24.00		\$1188.00
			Unit Sub Total:	24.00		\$1188.00
			Department Sub Total:	256.75		\$12279.31
			Facility Total:	256.75		\$12279.31

Please pay this amount \$12279.31 Please remit amount to:

Please return a copy of this invoice with your payment or indicate the invoice number on your check.

Dedicated Nursing Associates, Inc. 6536 William Penn Highway Rt. 22 Suite 202 Delmont, PA - 15636-2409 Phone: 855-349-6013

All invoices that are past due per terms of the contract will be charged an interest rate of 1.5%

Facility: Greenville Health and Rehab Page 3 Of 3 Page 2 Of 3

\$3634.34

Case 2:23-cv-01597-JFC-RAL Document 1-6 Filed 09/05/23 Page 93 of 153

		DA	J A									
		יום	N PK				08/16/2019	9:45PM ~ 6:0DAM	Damon Isaia Dicks	OH - STNA Hourly Caregiver Sub Total: Unit Sub Total:	8.25 32.75 32.75	
Ded	icated Nursing Asso	nciates Inc		Period En	ding:	8/17/2019	Unit Name:	Ja'ela Perdue		Oraç Sub Total.	34.75	
653	6 William Penn High	nway		invo		14924523	Caregiver Name	k Ja'ela Tyrae Pe	urdi un			
Delr	22 Suite 202 nont . PA - 15636-2	409					Date	Shifte	Caregiver	Description	Hra/Units	Rate
Pho	ne: 855-349-6013						08/13/2019	11:00AM - 11:00PM	Ja'ela Tyrae Perdue	OH - LPN Hourly	11.50	\$49.50
							08/16/2019	11:00AM - 11:30PM		OH - LPN Hourly	12.00	\$49.50
Bill To:				Services Provided I	For:		08/17/2019	11:00AM - 11:00PM	Ja'ela Tyrae Perdue	OH - LPN Hourly	11.50	\$52.50
	ville Health and Rel	hab		Greenville Heal	lth and Re	hab				Caregiver Sub Total: Unit Sub Total:	35.00 35.00	
243 M Green	arion Drive ville , OH - 45331			243 Marion Driv Greenville , OH			Unit Name:	Kelsie Jackson		ONE SUD TOUR.	30.00	
				Greenway, On	- 43331		Caregiver Name	C Kelsie Jackson				
							Date	Shifts	Caregiver	Description	Hra/Units	Rate
Facility Name:	Greenville Hea	ith and Rehab					08/11/2019	5:00PM - 8:00AM	Kelsie Jackson	OH - STNA Hourly	11.50	\$39.50
Department Na							08/14/2019	6:00PM - 5:00AM	Kelsie Jackson	OH - STNA Hourly	11.50	\$36.50
Unit Name:	Amanda Patter:	son					08/17/2019	6:00PM = 10:00PM	Kelsie Jackson	OH - STNA Hourly	4.00	\$39.50
Caregiver Name	: Amanda LaSha	Patterson								Caregiver Sub Total: Unit Sub Total:	27.00	
Date	Shifts	Caregiver	Description	Hra/Unite	Rate	Total	Unit Name:	Rebecca William	rsa .	UNIC SUB TOME	27.00	
08/13/2019 08/14/2019	6:00AM - 6:00PM 6:00AM - 6:00PM	Amanda LaSha Patterson Amanda LaSha Patterson	OH - STNA Hourly	11.50	\$36.50	\$419.75	0					
08/17/2019	6:00AM = 7:00AM	Amanda LaSha Patterson	OH - STNA Hourly OH - STNA Hourly	11.50	\$36.50 \$36.50	\$419.75 \$36.50	Caregiver Name: Date	: Rebecca Cathe Shifts	Williams Caregiver	December -		
08/17/2019	7:00AM - 6:00PM	Amanda LaSha Patterson	OH - STNA Hourly	10.50	\$39.50	\$414,75	08/11/2019	2:00PM - 10:30PM	Rebecca Cathe Williams	Description OH - LPN Hourly	Hra/Unite 8.25	\$52.50
			Caregiver Sub Total:	34.50		\$1290.75	08/12/2019	2:00PM - 11:15PM	Rebecca Cathe Williams	OH - LPN Hourly	9.00	\$49.50
			Unit Sub Total:	34.50		\$1290.75	08/13/2019	1:45PM - 10:15PM	Rebecca Cathe Williams	OH - LPN Hourly	8.25	\$49.50
Unit Name:	Courtney Blaike	Turk					08/14/2019	10:45AM - 11:30PM 10:45AM - 1:00PM	Rebecca Cathe Williams Rebecce Cathe Williams	OH - LPN Hourly	12.25	\$49.50
Caregiver Name		Turk					08/16/2019	1:00PM - 11:15PM	Rebecca Cathe Williams	OH - LPN Hourly OH - LPN Hourly	2.25 9.75	\$49.50 \$74.25
Date 08/11/2019	Shills	Caregiver	Description	Hra/Unite	Rate	Total	08/17/2019	10:45AM - 10:45PM	Rebecce Cathe Williams	OH - LPN Hourly	11.50	\$78.75
08/11/2019	1:45PM - 10:00PM 1:45PM - 10:15PM	Courtney Blaik Turk Courtney Blaik Turk	OH - LPN Hourly OH - LPN Hourly	8.25 8.50	\$52.50	\$433.13				Caregiver Sub Total:	61.25	
08/14/2019	1:45PM - 10:30PM	Courtney Blaik Turk	OH - LPN Hourly	8.75	\$49.50 \$49.50	\$420.75 \$433.13				Unit Sub Total:	61.25	
08/15/2019	1:45PM - 10:00PM	Courtney Blaik Turk	OH - LPN Hourly	8.25	\$49.50	\$408.38						
08/15/2019	10:00PM - 4:15AM	Courtney Blaik Turk	OH - LPN Hourly	6.25	\$49.50	\$309.38						
08/15/2019	4:15AM - 6:30AM	Courtney Blaik Turk	OH - LPN Hourty	2.25	\$74.25	\$167.06						
			Caregiver Sub Total: Unit Sub Total:	42.25 42.25		\$2171.83						
Unit Name:	Damon Dicks		Unit Sub Foult	42.25		\$2171.83						
Caregiver Name: Date	Damon Isaia Dio	Caregiver	Description	Hes/Units	Rate	Total						
08/12/2019	9:45PM - 8:15AM	Damon Isala Dicks	OH - STNA Hourty	8.25	\$36,50	\$301.13						
08/13/2019	9:45PM - 6:00AM	Damon Isaia Dicks	OH - STNA Hourty	8.00	\$36.50	\$292.00						
08/15/2019	9:45PM - 6:00AM	Damon Isala Dicks	OH - STNA Hourty	8.25	\$36.50	\$301.13						
Facility: Green	nville Health and Re		frivoice 14924523			Page 1 Of 3	Facility: Green	wile Health and Re		Invoice #:14924523		F
Unit Name: Caregiver Name:	Rickta Helsle Rickta Lynn He	riska						VA		Contingent Staffing, Invoice		
Dete	Shifts	Caregiver	Description	Hra/Unite	Parte	Total	Symm John Shell	The same of the sa				
08/13/2019	9:45PM - 6:15AM	Rickita Lynn Heisle	OH - LPN Hourly	8.00	\$49.50	\$396.00	Dedicated	Nursing Assoc	lates, Inc			
08/14/2019 08/16/2019	10:00PM - 6:00AM 9:45PM - 6:15AM	Rickita Lynn Heisle Rickita Lynn Heisle	OH - LPN Hourty	8.00	\$49.50	\$396.00	Deimont, PA	Penn Hwy Rt 22, Sul 15626	te 201			
2011012013	инителения однами	musica Lyrin materia	OH - LPN Hourly Caregiver Sub Total:	8.00 24.00	\$49.50	\$396.00 \$1188.00	(855) 349-60	013				
			Unit Sub Total:	24.00		\$1188.00						
			December of the Co.	000		#4000m #4						

Olist remitte.	PALLERIA PIENE						
Caregiver Name:	Rickita Lynn Hei	sie					
Dete	Shifts	Caregiver	Description	Hra/Unite	Planto	Total	
08/13/2019	9:45PM - 6:15AM	Rickita Lynn Heisle	OH - LPN Hourly	8.00	\$49.50	\$396.00	
08/14/2019	10:00PM - 6:00AM	Rickita Lynn Heisle	OH - LPN Hourty	8.00	\$49.50	\$396.00	
08/16/2019	9:45PM - 6:15AM	Rickita Lynn Heisle	OH - LPN Hourty	8.00	\$49.50	\$396.00	
			Caregiver Sub Total:	24.00		\$1188.00	
			Unit Sub Total:	24.00		\$1188.00	
			Department Sub Total:	256.75		\$12279.31	
			Facility Total:	256.75		\$12279.31	

Please pay this amount: \$12279.31 Please remit amount to:

Dedicated Nursing Associates,

Inc. 6536 William Penn Highway Rt. 22 Suite 202 Delmont, PA - 15636-2409 Phone: 855-349-6013

All invoices that are past due per terms of the contract will be charged an interest rate of 1.5%

Please return a copy of this invoice with your payment or indicate the invoice number on your check.

INVOICE Involce No. 163709 Date 08/23/2019 Page 1

\$301.13 \$1195.39 \$1195.39

Total \$569.25 \$594.00

\$603.75 \$1767.00 \$1767.00

Total \$454.25

Total \$433.13 \$445.50

\$408.38

\$606.38 \$111.38

\$723.94 \$905.63 \$3634.34 \$3634.34

Page 2 Of 3

\$419.75 \$158.00 \$1032.00 \$1032.00

Date	Shift Worked	Temp	Dept.	Desc.	Rate	Units	Amount Due	
				1 Regular		7.50	221.25	
U8/13/19 Tue	02:00P - 10:15P	Nicoletti, Jamie (LPN) Boulder - Greenville Healt		2 Regular				
					nice Total		350.03	

Please Send Payments to:
Dedicated Nursing Associates Inc
6536 William Penn Hwy Rt. 22, Suita 201
Delmont, PA. 15636
Thank You For Allowing Us the Privilege of Serving You!
All Invoices that are past due per the terms of the contract will be charged interest at a rate of 1.5%

	NA		DNA
Dedicated Nursing Associates, Inc 5538 William Penn Highway Rt. 22 Suite 202 Delmont, PA. 15636-2409 Phone: 855-349-6013		Period Ending: 8/17/2019 Invoice #: 14956942	Dedicated Nursing Associates, Inc. Period Ending: 8/24/2019 5536 'William Penn Highway knvoice #: 14956941 RI 22 Stute 202 Delmon1, PA. 15638-2409 hvoice #: 14956941 Phone. 855-349-8013 Phone. 855-349-8013 hvoice #: 14956941
Bill To:		Services Provided For:	BIII To: Services Provided For:
Greenville Healtn and Rehab 243 Marion Drive Greenville OH - 45331		Greenville Health and Rehab 243 Marion Drive Greenville _ OH - 45331	Greenville Health and Rehab 243 Marion Drive Greenville , OH - 45331 Greenville OH - 45331
Facility Name: Greenville Health and Rehab Department Name: STAR untit Name: Rickita Heisle Caregiver Name: Rickita Lynn Heisle Date Shifts Caregiver 18/17/2019 S:45PM - 6:15AM Rickita Lynn Heisle	Description OH - LPN Hourly Cenegitive Sub Total: Unit Sub Total:	Hrs/Linits Rate Total 8.00 \$52.50 \$420.00 8.00 \$420.00	Facility Name: Greenville Health and Rehab
	Unit Sub Total: Department Sub Total: Facility Total:	8.00 \$420.00 8.00 \$420.00 8.00 \$420.00 Please pey this amount: \$420.00	18/22/2019 6:00AM - 7:00PM Amenda LaShis Patterson OH - STNA Hourly 12:50 336:50 3383.50 Canegher Sub Total: 36:00 \$1353.00 Unix Sub Total: 36:00 \$1353.00 Unix Sub Total: 36:00 \$1353.00
Please return a copy of this invoice with your payment on your check Invoices that are past due per terms of the contract will 1.5%		Please remit amount: \$4,20.00 Please remit amount to: Dedicated Nursing Associates, Inc. 6536 William Penn Highway Rt. 22 Suite 202 Delmont, PA - 15636-2409 Phone: 855-349-6013	Caregiver Name: Countrey Blask Turk Caregiver Description Hm/Units Rate Total
			Unit Name: Damon Dicks Carregiver Name: Demon Isaia Dicks Date Shifts Caregiver Description Hra/Links Rate Total 08/19/2019 9.45PM - 6:00AM Demon Isaia Dicks OH - 5TNA Hourly 8/25 \$33.55 \$301.13 6/8/20/2019 9.45PM - 6:00AM Demon Isaia Dicks OH - STNA Hourly 8/25 \$36.50 \$301.13 6/8/21/2019 9.45PM - 6:00AM Damon Isaia Dicks OH - STNA Hourly 8/25 \$36.50 \$301.13 (9/23/2019) 9.45PM - 6:00AM Damon Isaia Dicks OH - STNA Hourly 8/25 \$36.50 \$301.13
Facility: Greenville Health and Rehab	Invoice #14956942	Page 1 Of 1	Facility: Greenville Health and Rehab Invoice Page 1 Of 3 #: 14955941
Damon Isala Dicks Damon Isala Dicks	OH - STNA Houry CH - STNA Hourly Caregiver Sub Total: Unit Sub Total: Description OH - LPN Hourly OH - LPN Hourly OH - LPN Hourly	7.50 \$39.50 \$296.25 0.75 \$59.25 \$44.44 40.75 \$1526.96 40.75 \$1526.96 HmvUnits Rate Total 11.50 \$52.50 \$603.75 9.50 \$49.50 \$470.25 11.50 \$598.25	Caregiver Name: Rickita Hessie
Unit Name: Jasmine Searcy	Caregiver Sub Total: Unit Sub Total:	32.50 \$1643.25 32.50 \$1643.25	Unit Sub Total: 40.28 \$2022.57 Department Sub Total: 313.50 \$13078.13 Facility Total: 313.50 \$13978.13

Page 2 0f 3

			Caregiver Sub Total:	40.75		\$1526.98
			Unit Sub Total:	40.75		\$1526.96
dait Name:	Jajela Perdue					
Caregiver Name:	Ja'ela Tyrau Per	due				
Date	Shifts	Caragiver	Description	Hrs/Units	Rate	Total
38/18/2019	11.90AM - 11:00PM	Ja'ela Tyrae Pertiue	OH - LPN Hourty	11.50	\$52.50	5603.75
08/22/2019	1:00PM - 11:00PM	Ja'ela Tyrae Perdue	OH - LPN Hourly	9.50	\$49.50	\$470.25
38/23/2019	11:00AM - 11:00PM	Jaiela Tyrae Perdue	OH - LPN Hourly	11,50	\$49.50	\$589.25
			Caregiver Sub Total:	32.50	848.30	\$1543.25
			Unit Sub Total	32.50		\$1643.25
Unit Name:	Jasmine Searcy		0.11.000 1000	32.00		31043 23
Caregiver Name:	Jasmine Arian S	earcy				
Date	Shifts	Caregiver	Description	Hra/I Inita	Rate	Total
J8/19/2019	10:00PM = 6:00AM	Jasmine Arian Searcy	OH - STNA Hourly	7.50	\$36.50	\$273.75
98/20/2019	10.00PM - 6:15AM	Jasmine Arian Searcy	OH - STNA Hourly	7.75	\$36.50	\$282.88
08/21/2019	10:00PM - 5:00AM	Jasmine Arian Searcy	OH - STNA Hourty	7.50	\$36.50	\$273.75
38/22/2019	10 00PM - 6 00AM	Jasmine Arian Searcy	OH STNA Hourly	7.50	\$36.50	\$273.75
18/23/2019	10.00PM - 5:00AM	Jasmine Arian Searcy	OH - STNA Hourly	7.50	\$36.50	
		out that the top of	Caregiver Sub Total:	37.75	\$36.50	\$273.75 \$1377.88
			Unit Sub Total:	37.75		
Unit Name:	Maddison Miller		Ont gup Foul.	37.75		\$1377.88
0 1 1						
Caregiver Name:						
Dete	Shifts	Caragiver	Description	Hrs/Units	Reta	Total
Dete 98/19/2019	Shifts 6:15AM - 7:00AM	Maddison Miller	OH - STNA Hourly	0.75	Reta \$39.50	Total \$29.63
Dete 98/19/2019 98/19/2019	Shifts 6:15AM - 7:00AM 7:00AM - 2:15PM	Maddison Miller Maddison Miller	OH - STNA Hourly OH - STNA Hourly	0.75 5.75	\$39.50 \$36.50	\$29.63 \$246.38
Dete #8/19/2019 #8/19/2019 68/20/2018	Shifts 6:15AM - 7:00AM 7:00AM - 2:15PM 6:00AM - 2:00PM	Maddison Miller Maddison Miller Maddison Miller	OH - STNA Hourly OH - STNA Hourly OH - STNA Hourly	0.75 5.75 7.50	\$39.50 \$36.50 \$36.50	\$29.63 \$246.38 \$273.75
Date 98/19/2019 98/19/2019 98/20/2018 98/21/2019	Shifts 5:15AM - 7:00AM 7:00AM - 2:15PM 6:00AM - 2:00PM 6:30AM - 2:00PM	Maddison Miller Maddison Miller Maddison Miller Maddison Miller	OH - STNA Hourly OH - STNA Hourly OH - STNA Hourly OH - STNA Hourly	0.75 5.75 7.50 7.50	\$39.50 \$36.50 \$36.50 \$36.50	\$29.63 \$246.38 \$273.75 \$273.75
Date #8/19/2019 #8/19/2019 #8/20/2018 #8/21/2019 #8/22/2019	Shifts 6:15AM - 7:00AM 7:00AM - 2:15PM 6:00AM - 2:00PM 6:00AM - 2:00PM 6:00AM - 2:30PM	Maddison Miller Maddison Miller Maddison Miller Maddison Miller Maddison Miller	OH - STNA Hourly	0.75 5.75 7.50 7.50 8.00	\$39.50 \$36.50 \$36.50 \$36.50 \$36.50	\$29.63 \$246.38 \$273.75 \$273.75 \$252.00
Date #8/19/2019 #8/19/2019 #8/20/2018 #8/21/2019 #8/22/2019	Shifts 5:15AM - 7:00AM 7:00AM - 2:15PM 6:00AM - 2:00PM 6:00AM - 2:00PM 6:00AM - 2:30PM 6:00AM - 7:00AM	Maddison Miller Maddison Miller Maddison Miller Maddison Miller Maddison Miller Maddison Miller	OH - STNA Hourly	0.75 5.75 7.50 7.50	\$39.50 \$36.50 \$36.50 \$36.50	\$29.63 \$246.38 \$273.75 \$273.75
Date #8/19/2019 #8/19/2019 #8/20/2018 #8/21/2019 #8/22/2019	Shifts 6:15AM - 7:00AM 7:00AM - 2:15PM 6:00AM - 2:00PM 6:00AM - 2:00PM 6:00AM - 2:30PM	Maddison Miller Maddison Miller Maddison Miller Maddison Miller Maddison Miller	OH - STNA Hourly	0.75 5.75 7.50 7.50 8.00 1.00 6.50	\$39.50 \$36.50 \$36.50 \$36.50 \$36.50	\$29.63 \$246.38 \$273.75 \$273.75 \$252.00 \$26.50 \$256.75
Date #8/19/2019 #8/19/2019 #8/20/2018 #8/21/2019 #8/22/2019	Shifts 5:15AM - 7:00AM 7:00AM - 2:15PM 6:00AM - 2:00PM 6:00AM - 2:00PM 6:00AM - 2:30PM 6:00AM - 7:00AM	Maddison Miller Maddison Miller Maddison Miller Maddison Miller Maddison Miller Maddison Miller	OH - STNA Hourly CH - STNA Hourly	0.75 5.75 7.50 7.50 8.00 1.00 6.50 38.00	\$39.50 \$36.50 \$36.50 \$36.50 \$36.50 \$36.50	\$29.63 \$246.38 \$273.75 \$273.75 \$252.00 \$36.50
Dete 08/19/2019 08/19/2019 08/20/2018 08/21/2019 08/22/2019 08/24/2019 08/24/2019	Shitta 5:15AM - 7:00AM 7:00AM - 2:15PM 6:00AM - 2:00PM 6:00AM - 2:00PM 6:00AM - 7:00AM 7:00AM - 2:00PM	Maddison Miller Maddison Miller Maddison Miller Maddison Miller Maddison Miller Maddison Miller Maddison Miller Maddison Miller	OH - STNA Hourly	0.75 5.75 7.50 7.50 8.00 1.00 6.50	\$39.50 \$36.50 \$36.50 \$36.50 \$36.50 \$36.50	\$29.63 \$246.38 \$273.75 \$273.75 \$252.00 \$26.50 \$256.75
Date #8/19/2019 #8/19/2019 #8/20/2018 #8/21/2019 #8/22/2019	Shifts 5:15AM - 7:00AM 7:00AM - 2:15PM 6:00AM - 2:00PM 6:00AM - 2:00PM 6:00AM - 2:30PM 6:00AM - 7:00AM	Maddison Miller Maddison Miller Maddison Miller Maddison Miller Maddison Miller Maddison Miller Maddison Miller Maddison Miller	OH - STNA Hourly CH - STNA Hourly	0.75 5.75 7.50 7.50 8.00 1.00 6.50 38.00	\$39.50 \$36.50 \$36.50 \$36.50 \$36.50 \$36.50	\$29.63 \$246.38 \$273.75 \$273.75 \$252.00 \$36.50 \$256.75 \$1498.76
Dete 08/19/2019 08/19/2019 08/20/2018 08/21/2019 08/22/2019 08/24/2019 08/24/2019	Shitta 5:15AM - 7:00AM 7:00AM - 2:15PM 6:00AM - 2:00PM 6:00AM - 2:00PM 6:00AM - 7:00AM 7:00AM - 2:00PM	Maddison Miller Maddison Miller Maddison Miller Maddison Miller Maddison Miller Maddison Miller Maddison Miller Maddison Miller	OH - STNA Hourly CH - STNA Hourly	0.75 5.75 7.50 7.50 8.00 1.00 6.50 38.00	\$39.50 \$36.50 \$36.50 \$36.50 \$36.50 \$36.50	\$29.63 \$246.38 \$273.75 \$273.75 \$252.00 \$36.50 \$256.75 \$1498.76
Dete :::8419/2019	Shitta 5:15AM - 7:00AM 7:00AM - 2:15PM 6:00AM - 2:00PM 6:09AM - 2:00PM 6:00AM - 2:30PM 6:00AM - 7:00AM 7:00AM - 2:00PM	Maddison Miller Maddison Miller Maddison Miller Maddison Miller Maddison Miller Maddison Miller Maddison Miller Maddison Miller	OH - STNA Hourly CH - STNA Hourly	0.75 5.75 7.50 7.50 8.00 1.00 6.50 38.00	\$39.50 \$36.50 \$36.50 \$36.50 \$36.50 \$36.50	\$29.63 \$246.38 \$273.75 \$273.75 \$252.00 \$36.50 \$256.75 \$1498.76
Date 08/19/2019 08/19/2019 08/20/2019 08/20/2019 08/20/2019 08/20/2019 Unit Name: Cacegiver Name:	Shitta 5.15AM - 7.00AM 7.00AM - 2:15PM 6:00AM - 2:00PM 6:00AM - 2:00PM 6:00AM - 2:30PM 6:00AM - 2:30PM 7:00AM - 2:00PM Rebecca William Rebecca Cethe 1	Maddison Miller Maddison Miller Maddison Miller Maddison Miller Maddison Miller Maddison Miller Maddison Miller Maddison Miller	OH - STNA Hourly OH - STNA Burly Unit Sub Total:	0.75 5.75 7.50 7.50 8.00 1.00 6.50 38.00	\$19.50 \$36.50 \$36.50 \$36.50 \$36.50 \$36.50 \$35.50 \$39.50	\$29.63 \$246.38 \$273.75 \$273.75 \$252.00 \$36.50 \$256.75 \$1408.76
Dete 08:19:2019 08:19:2019 08:20:2018 08:21:2019 08:22:2019 08:22:2019 08:24:2019 Unit Name: Caragiver Name: Date	Shifts 1-7 00AM 7-00AM 7-00AM - 2:15PM 6:00AM - 2:00PM 6:00AM - 2:00PM 6:00AM - 2:30PM 7-00AM - 2:00PM 7-00AM - 2:00PM Repects William Repects Cethe 1-9 Shifts	Maddison Miller S Caregiver	OH - STNA Hourly UH - STNA Hourly DH - STNA Hourly DH - STNA Hourly DH - STNA Hourly DH - STNA Hourly	0.75 5.75 7.50 7.50 8.00 1.00 6.50 38.00 38.00	\$39.50 \$36.50 \$36.50 \$36.50 \$36.50 \$36.50 \$35.50 \$35.50	\$29.63 \$246.38 \$273.75 \$273.75 \$252.00 \$36.50 \$256.75 \$1408.76
Date - 88:19:2019 - 88:19:2019 - 68:20:2018 - 98:21:2019 - 68:22:2019 - 68:24:2019 - Unit Name: - Caregiver Name: - Date - 98:20:2019	Shilte Sh	Maddison Miller Caregiver Rebecca Cathe Williams	OH - STNA Hourly	0.75 5.75 7.50 7.50 8.00 1.00 6.50 38.00 38.00	\$39.50 \$36.50 \$36.50 \$36.50 \$36.50 \$36.50 \$36.50 \$39.50	\$29.63 \$246.38 \$273.75 \$273.75 \$252.00 \$36.50 \$256.75 \$1408.76 Total \$581.63
Date 08/19/2019 08/20/2018 08/20/2018 08/21/2019 08/24/2019 08/24/2019 Unit Name: Caregiver Name: Date 08/24/2019	Shille Sh	Maddison Miller Rebecca Cather Williams Rebecca Cather Williams	OH - STNA Hourly CH - STNA Hourly CH - STNA Hourly CH - STNA Hourly Caregiver Sub Total: Unit Sub Total: Description OH - LPN Hourly OH - LPN Hourly	0.75 5.75 7.50 8.00 1.00 6.50 38.00 38.00 Hns/Unitss 11.75 9.00	\$19.50 \$36.50 \$36.50 \$36.50 \$36.50 \$36.50 \$35.50 \$39.50	\$29.63 \$246.38 \$273.75 \$273.75 \$282.00 \$36.50 \$256.75 \$1408.76 \$1408.76
Date 08/19/2019 08/19/2019 08/20/2019 08/20/2019 08/24/2019 08/24/2019 Unit Name: Caregiver Name: 08/22/2019 08/21/2019 08/21/2019	Shilte 15AIA - 7.00AM 7.00AM - 2.15PM 6:00AM - 2.00PM 6:00AM - 2.00PM 6:00AM - 2.00PM 6:00AM - 7.00AM 7.00AM 7.00AM - 7.00AM 7.00AM - 2.00PM 6:00AM - 2.00PM 6	Maddison Miller Miller Maddison Miller Miller Maddison Miller Mille	OH - STNA Hourly Caragher Sub Total: Unit Sub Total: Description OH - LPN Hourly OH - LPN Hourly OH - LPN Hourly	0.75 5 75 7 50 7.50 8 30 1.00 6.50 38.00 38.00 Hra/Unitss 11.75 9.00	\$19.50 \$36.50 \$36.50 \$36.50 \$36.50 \$36.50 \$36.50 \$36.50 \$36.50 \$36.50 \$39.50	\$29.63 \$246.38 \$273.75 \$273.75 \$252.00 \$36.50 \$256.75 \$1408.76 \$1408.76 Total \$581.83 \$445.50 \$566.38
Date BH19/2019 BH19/2019 CB/20/2018 SB/21/2019 CB/22/2019 CB/24/2019 CB/24/2019 Unit Name: Caregiver Name: Date B3/29/2019 CB/24/2019 CB/24/2019	Shille 5.00 - 7.00 AM - 2.00 PM 6.00 AM - 2.00 PM 6.00 AM - 7.00	Maddison Miller Medicac Carbe Willer Rebecca Carbe Willer	OH - STNA Hourly OH - LPN Hourly OH - LPN Hourly OH - LPN Hourly OH - LPN Hourly	0.75 5.75 7.50 8.00 1.00 6.50 38.00 38.00 Hra/Units 11.75 9.00 12.25 7.00	\$19.50 \$36.50 \$36.50 \$36.50 \$36.50 \$36.50 \$36.50 \$35.50 \$49.50 \$49.50 \$49.50 \$49.50 \$52.50	\$29.63 \$246.38 \$273.75 \$273.75 \$273.75 \$273.75 \$252.00 \$36.50 \$256.75 \$1408.76 \$1408.76 \$154.83 \$44.50 \$566.83 \$367.50
Date BH19/2019 BH19/2019 CB/20/2018 SB/21/2019 CB/22/2019 CB/24/2019 CB/24/2019 Unit Name: Caregiver Name: Date B3/29/2019 CB/24/2019 CB/24/2019	Shille 5.00 - 7.00 AM - 2.00 PM 6.00 AM - 2.00 PM 6.00 AM - 7.00	Maddison Miller Medicac Carbe Willer Rebecca Carbe Willer	OH - STNA Hourly Caragher Sub Total: Unit Sub Total: Description OH - LPN Hourly	0.75 5.75 7.50 7.50 8.00 1.00 6.50 38.00 38.00 11.75 9.00 12.25 7.00 4.75	\$19.50 \$36.50 \$36.50 \$36.50 \$36.50 \$36.50 \$36.50 \$35.50 \$49.50 \$49.50 \$49.50 \$49.50 \$52.50	\$29.63 \$246.38 \$273.75 \$273.75 \$252.00 \$36.50 \$256.75 \$1408.76 \$1408.76

Invoice #:14955941

4 activity: Greenville Health and Rehab

			44.48-41	Description	ULINOUS	Rate	Total
	78/18/2019	9:30PM - 6:00AM	Rickta Lynn Heiste	OH - LPN Hourly	8.00	\$52.50	\$420.0
	08/20/2019	9:45PM - 6:15AM	Rickita Lynn Heisle	OH - LFN Hourty	8 50	\$49.50	\$420.7
	08/21/2019	10.00PM - 5:15AM	Rickins Lynn Heisle	OH - LPN Hourly	7.75	\$49.50	\$383.6
	08/22/2019	9:45PM - 6:15AM	Rickita Lynn Heisle	OH - LPN Hourty	8.00	\$49.50	\$396.0
	18/23/2019	9.30PM - 5:15AM	Rickka Lynn Heisle	OH - LPN Hourty	7.75	\$49.50	\$383.6
á	08/24/2019	5:15AM - 6:00AM	Rickits Lynn Heisle	OH - LPN Hourty	0.25	\$74.25	\$18.5
				Caregiver Sub Total:	40.25		\$2022 5
				Unit Sub Total:	40.25		\$2022.5
				Department Sub Total:	313.50		\$13978.1
				Facility Total:	313.50		\$13978.1
					Please pay the		
	our chec	ж.		rindicate the invoice number	Dedicated No. 6536 William Rt. 22 Suite Delmont, Pr Phone: 853	m Penn Hig 202 A - 15636-2	hway
	invoices that	it are past due per te	rms of the contract will	be charged an interest rate			



Dedicated Nursing Associates, Inc 6536 William Penn Hwy Rt 22, Suite 201 Delmont, PA 15626 (855) 349-6013

INVOICE

Date	Shift Worked	Temp	Dept.	Desc.	Rate	Units	Amount Due
08/16/19 Fri	06:00A - 02:00P	Howard, Adam (STNA)	LTC	S1 Overtime	44.25	7.50	331.88
08/20/19 Tue	06:00A - 02:00P	Howard, Adam (STNA)	LTC	S1 Regular S1 Overtime	29.50 44.25	5.50 2.00	162.25 88.50
08/21/19 Wed	06:00A - 02:00P	Tobe, Kristina (STNA)	LTC	S1 Regular	29.50	8.00	236.00
08/23/19 Fri	06:15A - 02:00P	Tobe, Kristina (STNA)	LTC	S1 Regular	29.50	7.75	228.63
		Boulder - Greenville He	aith a		btotal:	30.75	1,047.26

Please Send Payments to:
Declicated Nursing Associates Tor.
6538 William Penn Huyn. R. 24, Suite 201
Delmont, Pa. 15826
Thank You for Allowing Us the Privilege of Serving You!
All involves that are past due per the terms of the contract will be charged interest at a rate of 1.5%



Dedicated Nursing Associates.	in
6536 William Penn Highway	
Rt. 22 Suite 202	
Delmont , PA - 15636-2409	
Phone: 855-349-6013	

Period Ending:

Invoice #:

8/31/2019

15099467

Greenville Health and Rehab 243 Marion Drive Greenville , OH - 45331

Greenville Health and Renab 243 Marion Drive Graenville OH - 45331

Facility Name:		th and Rehab				
Department N.	ame: STAR					
Gnit Name:	Amanda Patters	on				
Caregiver Nam	●: Amanda LaSha	Patterson				
Date	Shifte	Caregiver	Description	Hrs/Units	Rate	Total
08/26/2019	6:00AM - 7:00AM	Amanda LaSha Patterson	OH - STNA Hourly	1.00	\$39.50	\$39.50
98/26/2019	7:00AM - 6.30PM	Amanda LaSha Patterson	OH - STNA Hourly	11.00	\$36.50	\$401.50
28/29/2019	6:00AM - 6:30PM	Amanda LaSha Patterson	OH - STNA Hourly	12.00	\$36.50	\$438.00
08/31/2019	6:00AM = 7:00AM	Amanda LaSha Patterson	OH - STNA Hourly	1.00	\$36.50	\$36.50
68/31/2019	7:00AM + 6:30PM	Amanda LaSha Patterson	OH - STNA Hourly	11.00	\$39.50	\$434.50
			Caregiver Sub Total:	38.00		\$1350.00
			Unit Sub Total:	38.00		\$1350.00
Unit Name	Courtney Blaike	Turk				91350,00
Osregiver Nam	Courtney Blaik T	urk				
Dete	Shifts	Caregiver	Description	Hra/Units	Rate	Total
08/25/2019	1:45PM - 10:00PM	Courtney Blaik Turk	OH - LPN Hourty	8.25	\$52.50	\$433.13
08/26/2019	10:40AM - 11:15PM	Courtney Blaik Turk	OH - LPN Hourly	12.50	\$49.50	\$618.75
38/27/2019	1 15PM - 10:15PM	Courtney Blaik Turk	OH - LPN Houdy	9.00	\$49.50	\$445.50
08/28/2019	1 30PM - 10:00PM	Courtney Blaik Turk	OH - LPN Hourly	8.50	\$49.50	\$420.75
08/29/2019	1.30PM - 3:10PM	Courtney Black Turk	OH - LPN Hourly	1.75	\$49.50	\$86.63
08/29/2019	3:10PM - 10:45PM	Courtney Blaik Turk	OH - LPN Hourly	7.50	\$74.25	\$556.88
08/30/2019	9:30AM - 10:30PM	Courtney Blaik Turk	OH - LPN Hourly	13.00	\$74.25	\$965.25
			Caregiver Sub Total:	60.50	214.23	\$3526.89
			Unit Sub Total:	60.50		\$3526.89
tinit Name:	Damon Dicks		and and total	00.20		\$3526 88
Garagiver Name	Damon Isaia Dic	ks				
Date	Shifts	Caregiver	Description	Hrs/Units	Rate	Total
08/26/2019	9:45PM - 6:15AM	Damon Isnia Dicks	OH - STNA Hourty	8.00	\$38.50	\$292.00
08/27/2019	9:45PM - 6:15AM	Damon Isaia Dicks	OH - STNA Hourly	8.50	\$36.50	\$310.25
scilita: Grad	enville Health and Re	h m h				
My Orci	and He		Invoice			Page 1 Of 3

Invoice #:15099467

08/28/2019	9:45PM - 6:15AM	Damon Isaia Dicks	OH - STNA Hourly	8.00	\$36.50	\$292.00
08/29/2019	9 30PM - 6:15AM	Damon Isaia Dicks	OH - STNA Hourly	8.75	\$36.50	\$319.38
			Caregiver Sub Total:	33.25		\$1213.63
			Unit Sub Total:	33.25		\$1213.63
Unit Name:	Ja'ela Perdue					41210.03
Caregiver Name	E: Jaiela Tyrae Pe	rdue				
Date	Shifts	Caregiver	Description	Hrs/Units	Rate	Total
08/27/2019	10:00AM - 10:30PM	Ja'ela Tyrae Pordue	OH - LPN Hourly	12.00	\$49.50	\$594.00
08/30/2019	10:00AM - 10:30PM	Ja'ela Tyrae Perdue	OH - LPN Hourly	12.00	\$49.50	\$594.00
08/31/2019	10:00AM - 10:30PM	Ja'ela Tyrae Perdue	OH - LPN Hourly	12.00	\$52.50	\$530.00
			Caregiver Sub Total;	38.00	\$32.50	\$1818.00
			Unit Sub Total:	36.00		
Unit Name:	Jasmine Searcy		om day roas.	30.00		\$1818.00
Caregiver Name	t Jasmine Arian S	Searcy				
Date	Shifts	Caregiver	Description	Hrs/Units	Rate	Total
08/26/2019	10:00PM - 6:00AM	Jasmine Arian Searcy	OH - STNA Hourty	7.50	\$36,50	\$273.75
08/27/2019	10:00PM - 6:00AM	Jasmine Arian Searcy	OH - STNA Hourty	7.50	\$36.50	\$273.75
98/29/2019	10:00PM - 6.00AM	Jasmine Arian Searcy	OH - STNA Hourly	7.50	\$36.50	\$273.75
08/30/2019	10:15PM - 6:15AM	Jasmine Arian Searcy	OH - STNA Hourly	7.50	\$36.50	\$273.75
88/31/2019	10:00PM + 6:00AM	Jasmine Arian Searcy	OH - STNA Hourty	7.50	\$39.50	\$296.25
			Caregiver Sub Total:	37.50	339.30	\$1391.25
			Unit Sub Total:	37.50		\$1391.25
Unit Name:	Kelsie Jackson					#1381.23
Garagiver Name:	Kelsie Jackson					
Date	Shifts	Caregiver	Description	Hra/Units	Rate	Total
08/29/2019	3:00PM - 11:00PM	Kelsie Jackson	OH - STNA Hourty	7 50	\$36.50	\$273.75
98/30/2019	3:00PM - 11:00PM	Kelsie Jackson	OH - STNA Hourly	7.50	\$36.50	\$273.75
			Caregiver Sub Total:	15.00	920.30	
			Unit Sub Total:	15.00		\$547.50
Unit Name:	Maddison Miller		orn out rous.	13.00		\$547 50
Caregiver Name:	Maddison Lynne	Miller				
Date	Shifts	Caregiver	Description	Hrm/Units	Rete	Total
08/25/2019	6:60AM - 2:00PM	Maddison Lynne Miller	OH - STNA Hourly	7 50	\$39.50	\$296.25
08/27/2019	6:00AM - 2:15PM	Maddison Lynna Miller	OH STNA Hourty	7.75	\$36.50	\$282.88
05/28/2019	6:00AM - 2.00PM	Maddison Lynne Miller	OH - STNA Hourly	7.50	\$36.50	\$273.75
08/29/2019	6:C0AM 2:00PM	Maddison Lynne Miller	OH - STNA Hourly	8.00	\$36.50	\$292.00
38/30/2019	6:00AM - 2.15PM	Maddison Lynne Miller	OH - STNA Hourly	7.75	\$36.50	
		,	Caregiver Sub Total:	38.50	3.36.50	\$282.88
			Unit Sub Total:	36.50		\$1427.76
Unit Name:	Rebecca William	s	OHE SUD TOKAL	36.50		\$1427.76
Caregiver Name:	Rebecca Cathe 1	Milliams				
Date	Shifts	Caregiver	Description	Hrs&ints	Det	
98/25/2019	1 45PM - 10 30PM	Rebecca Cathe Williams	OH - LPN Hearty		Rate	Total
			On Crivinguity	8.25	\$52,50	\$433 13

			Facility Total:	329.00		\$15343.98
			Department Sub Total:	329.00		\$15343.98
			Unit Sub Total:	16.50		\$840.75
			Caregiver Sub Total:	16.50		\$840.7
08/31/2019	9:45PM - 6:15AM	Rickita Lynn Heisle	OH - LPN Hourty	8.00	\$52.50	\$420.0
08/27/2019	9:45PM - 6:15AM	Rickita Lynn Heisle	CH - LPN Hourty	8.50	\$49.50	\$420.7
Dete	Shifts	Caregiver	Description	Hrs/Units	Rate	Total
aregiver Name	· · · · · · · · · · · · · · · · · · ·	sle				
nit Name:	Rickita Heiste		Unit Sud Total:	55.75		\$3228.2
			Caregiver Sub Total: Unit Sub Total:	55.75		\$3228.2
34012013	TO SOME THE TOP M	Hedecca Cathe Williams	CH - LPN Hourty	12.00	\$78.75	\$945.0
08/31/2019	10:45AM - 11 15PM	Rebecca Cathe Williams Rebecca Cathe Williams	OH - LPN Hourly	3.75	\$74.25	\$278.4
08/30/2019	8:30PM - 12:45AM	Rebecca Cathe Williams	OH ILPN Hourty	9.75	\$49.50	\$432.6
)8/30/2019	10:45AM - 11:45PM 10:45AM - 8:30PM	Rebecca Cathe Williams	OH - LPN Hourly	12.50	\$49.50	\$6187
08/26/2019 U8/28/2019	1:45PM - 11:45PM	Rebecca Cathe Williams	OH - LPN Hourly	9.50	\$49.50	\$470.2

Please remit amount to:

Please return a copy of this invoice with your payment or indicate the invoice number in your check.

all invoices that are past due per terms of the contract will be charged an interest rate if 1.5%

Dedicated Nursing Associates, Inc. 6536 William Penn Highway Rt. 22 Suite 202 Delmont, PA - 15636-2409 Phone: 855-349-6013

"actity: Greenville Health and Rehab acility. Greenville Health and Rehab Page 2 Of 3 Page 3 Of 3 DNA

Dedicated Nursing Associates, Inc 6536 William Penn Highway Rt. 22 Surte 202 Delmont, PA - 15636-2409 Phone: 855-349-6013

Period Ending: Invoice #: 8/24/2019 15099469

Greenville Health and Rehab 243 Marion Drive Greenville | OH - 45331

Services Provided For:

Greenville Health and Rehab 243 Marion Drive Greenville OH - 45331

Facility Name: Greenville Health and Renab Department Name: STAR

Facility: Greenville Health and Rehab

Dedicated Nursing Associates, Inc.

6536 William Penn Hwy Rt 22

Suite 201

Delmont, PA 15626

Caregiver Shifts 08/19/2019 1:45PM - 11:15PM Rebecca Cathe Williams

Description Hrs/Units Caregiver Sub Total: 9.00 \$668.25 \$668 25 9.00 Department Sub Total: 9.00 \$668.25 Facility Total: \$568.25 9.00

Please pay this amount: \$668.25

Dedicated Nursing Associates Please return a copy of this invoice with your payment or indicate the invoice number on your check. 6536 William Penn Highway Rt. 22 Suite 202 Delmont, PA - 15636-2409 Phone: 855-349-6013

All invoices that are past due per terms of the contract will be charged an interest rate of 1.5%

Invoice #:15099469

Page 1 Of 1

Date 10/1/2019 3192i

Project

Invoice

find To Greenville Health and Rehab 243 Marion Drive Greenville, OH 45334

Net 30 Quantity Description Rate Amount nterest for past due invoices nvoice #161974 nvoice #162382 nvoice #162172 nvoice #162728 221.25 1.187.14 0.015 1,453.32 Invoice #162728 6,102.9 Invoice #162534 0.015 21.80 91.54 6.10.29 [Invoice #162334 8,334.61 [Invoice #161092] 18.885.01 [Invoice #16392] 18.885.67 [Invoice #163421] 236 [Invoice #16324] 396 [Invoice #14924524] 12.279.31 [Invoice #14924523] 55.0.61 [Invoice #14956942] 13.978 [2] [Invoice #14956942] 13.978 [2] [Invoice #14956942] 13.978 [2] [Invoice #14956942] 125.02 13.28 163.29 3.54 0.015 0.015 0.015 0.015 0.015 0.015 0.015 Total \$913:59

P.O No.

Terms

DNA

Dedicated Nursing Associates, Inc. 6536 William Penn Hignway Rt. 22 Suite 202 Delmort, PA - 15636-2409 Phone: 855-349-6013

Period Ending:

8/17/2019

\$219.00

\$301,13 \$520.13

\$520 13

\$520.13

\$520.13

Invoice #: 15099468

Greenville Health and Rehab 243 Marion Drive Greenville | OH - 45331

Greenville Health and Rehab 243 Marion Drive Greenville OH - 45331

Greenville Health and Rehab Department Name: STAR

Caregiver Name Date Description OH - STNA Hourly Shifts Caregiver 08/15/2019 6:00PM - 12:00AM Kelsie Jackson 6.00 \$36.50 08/16/2019 12:00AM - B:00AM | Kelsie Jackson OH - STNA Hourly 5.50 \$54.75 Unit Sub Total: 11.50 Facility Total: 11.50

Please return a copy of this invoice with your payment or indicate the invoice number on your check

withvoices that are past due per terms of the contract will be charged an interest rate of 1.5%

Please pay this amount: \$520.13

Please remit amount to:

Dedicated Nursing Associates

Inc. 5536 William Penn Highway Rt. 22 Suite 202 Delmont. PA - 15636-2409 Phone: 855-349-6013

Facility: Greenville Health and Rehab

Invoice #:15099468

Page 1 Of 1

EXHIBIT 12

Case 2:23-cv-01597-JFC-RAL Document 1-6 Filed 09/05/23 Page 97 of 153

Dedicated Nursing Associates, Inc. 6536 William Penn Hwy Rt 22 Suite 201 Delmont, PA 15626

Statement

Date 10/8/2019

To	
Green ille Hesith and Rehab 243 Marion Drive Greenville, CHI 45531	

				Amount Due	Amount Enc.
				\$101,692.36	
Date		Transaction		Amount	Balance
07/19/2019	INV #161974. Dec 08/18/20	319 Orig. Amount \$221.2:	5.	221.25	221.25
07/26/2019	INV #162172. Due 08/25/26	319. Orig. Amount \$2,927.	.88.	2,927.88	3,149,13
07/26/2019	INV #162382. Due 08/25/20	319 Orig. Amount \$1,187.	14.	1,187 14	4,336,27
08/02/2019	INV #162534. Due 09/01/20	319. Orig. Amount \$6,102.	.90.	6.102.90	10.439.17
08/02/2019	INV #162728. Due 09/01/20	319. Orig. Amount \$1,453.	32.	1,453.32	11,892.49
08/09/2019	INV #162922. Due 09/08/20	119, Orig. Amount \$885.01		885.01	12,777.50
08-09/2019	INV #163092. Due 09:08/20	019 Orig. Amount \$8,334.	61.	8,334.61	21.112.11
08/16/2019	INV #163294. Due 09/15/20	119 Orig. Amount \$236.00).	236.00	21,348.11
08/16/2019	INV #163421 Due 09/15/20	J19. Orig. Amount \$10,885	3.67	10.885.67	32,233,78
08/23/2019	INV #163709, Duc 09/22/20	19. Orig. Amount \$550.63	3	550.63	32,784.41
08/23/2019	INV #14924523. Due 09/22.	2019. Orig. Amount \$12.2	279.31	12.279.31	45.063.72
08/23/2019	INV #14924524, Duc 09/22/	2019, Orig. Amount \$396.	.00.	396.00	45.459.72
08/30/2019	INV #164033. Due 09/29/20	119. Orig. Amount \$1,047.	26.	1.047.26	46.506.98
08/30/2019	INV #14956941. Due 09/29/	2019. Orig. Amount \$13,9	78 12	13.978.12	60,485.10
08/36/2019	INV #14956942. Due 09/29/	2019. Orig. Amount \$420.	00.	420.00	60,905.10
09/06/2019	INV #15099468. Due 10/06/	2019. Orig. Amount \$520.	.13.	520.13	61.425.23
09/06/2019	INV #15099469. Due 10/06/	2019. Orig. Amount \$668.	.25.	668.25	62,093,48
09/06/2019	INV #15099467 Due 10/06/	2019 Orig Amount \$15,3	43.98.	15.343.98	77.437.46
09/13/2019	INV #15132437; Due 10/13/	2019. Orig. Amount \$451.	69.	451.69	77,889.15
09/13/2019	INV #15132436. Due 10/13/	2019 Orig. Amount \$11.8	67.03.	11.867.03	89,756.18
29/20/2019	INV #15177466, Due 10/20/	2019. Orig. Amount \$5.62	6.89	5.626.89	95,383.07
99/27/2019	INV #164860. Due 10/27/20	19. Orig. Amount \$988 13		988 13	96,371.20
09/27/2019	INV #15203431 Duc 10/27/	2019. Orig. Amount \$4.40	7.57	4.407.57	100,778.77
10/01/2019	INV #3192i. Due 10/31/2019	J. Orig. Amount \$913.59		913.59	101,692.36
				,,,,,,	101,072.30
CURRENT	1-30 DAYS PAST DUE	31-60 DAYS PAST DUE	61-90 DAYS PAST DUE	OVER 90 DAYS PAST DUE	Amount Due
24,254,90	65,544.97	11,892.49	0.00	0.00	\$101,692.36

MEDICAL STAFFING AGREEMENT

THIS MEDICAL STAFFING AGREEMENT ("Agreement"). 17th day of January 2019, between DEDICATED NURSING ASSOCIATES, INC. ("DNA"), a Pennsylvania corporation having a place of business at 6536 William Penn Highway Rt. 22, Suite 202, Delmont, Pennsylvania 15626,

A N D

Lenox Ridge Nursing Home ("Contractor"), having its principle place of business at 23225 Loriun Road, North Olmstead, Ohio, 44070

WHEREAS, DNA is in the business of providing registered nurses, licensed practical nurses, certified nursing aides, home health aides and other medical professionals ("Employee" or "Employees") with particular skills and experience; and

WHEREAS, Contractor is in need of personnel with the skill and experience provided by

NOW, THEREFORE, in consideration of the covenants contained herein and intending to be legally bound, the parties hereby agree as follows:

EMPLOYEES TO BE PROVIDED

The Employees to be provided include, but are not limited to, the following: RN's, LPN's, CNA's, HHA's and NA's.

QUALIFICATIONS OF EMPLOYEES

DNA will ensure that Employees to be previded shall possess the qualifications required to perform the week for which they are contracted to provide in their particular field of practice. They shall also possess the required qualifications in the areas of education, certification, license, Physical and Mantoux test and criminal clearances, as required.

DNA AS EMPLOYER

Contractor shall not be responsible for payment of wages, salaries, and other compensation, fringe benefits, unemployment insurance, workers' compensation, social security, or other payroll baxes for staff provided to Contractor by DNA. Further, DNA shall be the employer of all persons it furnishes to Contractor.

EXPENSES

Contractor shall be responsible for all expenses incurred by DNA Employees relating to patient care (by way of example only, gloves) while on assignment to Contractor under this

EXHIBIT 13

ADMINISTRATIVE LINK

For the purpose of facilitating the services contemplated by this Agreement. Contractor and DNA each shall designate an administrative employee to be available for such purpose.

COMPENSATION (TIME RECORDS)

Contractor shall compensate DNA for its services in accordance with the schedule set forth in Exhibit "A" hereto, which is incorporated by reference and made part of this Agreement. For the purpose of compensation, DNA shall submit documentation in the form of time records for the services provided to Contractor. Contractor, or its authorized representative, shall be responsible for verifying that the time records are accurate

SCHEDULING AND SUBSTITUTE STAFF

- 7. SCHEDULING AND SUBSTITUTE STAFF
 A. Contractor must immediately notify DNA of any changes to the agreed upon staffing schedule for Employees. Contractor is not authorized to accept a schedule change that is only discussed with an Employee and not approved in advance by DNA. If the schedule change results in the Employee working fewer hours than scheduled, fulture to give notice to and receive consent from DNA may result in a charge for the originally scheduled hours. If a whedule change results in an Employee working over forty (40) hours in one week for DNA, and if there is no agreement to the contrary, Centractor will be charged the overtime billing rate for any hours that week and amounted. will be charged the overtime billing rate for any hours that were not approved in advance by DNA for the Employee.
- B. DNA shall use its best efforts to replace regularly scheduled staff that are unavailable on a given day due to an illness or paid time off, or because of an emergency, vacation or holiday; however, DNA cannot guarantee that it can or will provide substitute staff.

HIRING OF EMPLOYEES BY CONTRACTOR AND CONVERSION FEE

8. HIRING OF EMPLOYEES BY CONTRACTOR AND CONVERSION FEE Contractor may wish to employ directly an Employee who has been supplied by DNA. In the event of such a conversion to the employ of Contractor or to another employer to whom Contractor refers such Employee, Contractor agrees to pay a conversion fee. The conversion fee is \$15,000.00 for an RN, \$12,000.00 for an LPN, \$9,000.00 for a CNA and \$9,000.00 for a HHA or NA. The conversion fee will be reduced by \$200.00 for each 40 hours of weekly services performed while on assignment to the Contractor, however in no event will there be any less than a \$6,000.00 conversion fee for any position. The same calculation will be used if Contractor converts a DNA Employee to part-time status. Again, the conversion fee will not be less than \$6,000.00.

A. The conversion fee is payable if Contractor hires the DNA Employee assigned, regardless of the employment classification, on either a permanent, temporary (including temporary assignments through another agency) or consulting basis within six (6) months after the last day of the assignment. Contractor also agrees to pay a conversion fee if the DNA Employee assigned to Contractor is hired by a subsidiary, other related company or any other entity or business as a result of referral of the Employee by Contractor.

9. COMPLIANCE WITH APPLICABLE LAW

DNA and Contractor shall comply with the Fair Labor Standards Act, the Occupational
Safety and Health Act ("OSHA"), Immigration Reform and Control Act, the Health Insurance
Portability and Accountability Act ("HIPAA"), and all other applicable federal, state, and local
statutes, laws, ordinances, regulations and standards including, but not limited to, equal
employment opportunity, civil rights, anti-discrimination, wage and hour, privacy and Joint
Commission, whether as presently enacted or as hereafter amended. Notwithstanding the above,
it is agreed that Contractor is primarily responsible for compliance with OSHA and comparable
state laws and regulations thereunder, to the extent those laws and regulations apply to Employees
assigned to Contractor. This responsibility includes, but is not limited to, required information and
training in site-specific protocols, the facility exposure control plan and available personal
protective equipment. Contractor will maintain documentation regarding training and related
obligations hereunder, and make this documentation available to DNA upon request. Contractor
will provide post-exposure evaluation and follow-up in accordance with OSHA standards.

CONFIDENCE OF INFORMATION

- A. Contractor shall keep in confidence all information relating to the methods of operations, trade secrets, business plans, business opportunities, finances, strategic operations, trade socrets, business plans, business opportunities, finances, strategic planning and development, research, development, personnel data, recruiting, compensation, billing, and all other confidential knowledge, data and information related to the business and affairs of DNA that may be acquired in furtherance of the relationship contemplated by this Agreement. During and after the term of this Agreement, Contractor shall not, without the prior written consent of DNA, publish, communicate, divulge or disclose any such information.
- B. The parties hereto agree to comply with any and all federal or state laws or regulations that have or may become effective during the term of this Agreement, including, but not limited to HIPAA and any amendments, rules and regulations promulgated thereunder. The parties further agree to execute any additional documents that may be required under HIPAA, including, but not limited to, a Business Associates Agreement.

INDEMNIFICATION

11. INDEMNIFICATION

DNA and Contractor shall indemnify, hold harmless, and, upon request, defend the other party and their respective subsidiaries, affiliates, directors, officers, employees, agents and independent contractors, from and against all liens, claims, charges, causes of action of any type, whether in law or equity, liabilities, damages, losses and expenses including, but not limited to, interest, penalties, reasonable attorney's fees and costs of suit, arising out of or in connection with their own acts or omissions, whether in whole or in part, relating to their obligations pursuant to this Agreement.

PROFESSIONAL LIABILITY INSURANCE

Each party to this Agreement shall obtain, at its own cost, professional liability insurance covering its own act or omissions. Each shall maintain such insurance in amounts not less than Two Million (\$2,000,000.00) Dollars per occurrence and Six Million (\$6,000,000.00) Dollars annual aggregate.

3

FLOATING POLICIES AND COMPETENCE

Floating refers to the reassignment of Employees, where the Employee's job functions differ from specified requirements. With the express, written permission of DNA, Contractor may foliation of rooms encounterments. With the express, written permission of DNA, Contractor may float one or more Employees that are within the scope of the Employee's clinical expertise, Joint Commission standards, and to which they have been fully oriented. Contractor shall pay to DNA the agreed upon rate under these circumstances.

ORIENTATION POLICIES

Contractor will require Employees furnished under this Agreement to review Contractor's fire and disaster, infection control and no-lift policies prior to placement

SUBCONTRACTING

20. SUBCUTIFICATION

DNA, at its sole discretion, may contract with one or more persons or entities for the performance of DNA's services covered by this Agreement, provided the contract shall not relieve DNA of its obligations and liability under this Agreement. Any individual provided under such a subcontracting arrangement shall be deemed an "Employee" solely for purposes of this Agreement.

INCIDENT, ERROR TRACKING SYSTEM

DNA has a system for reporting, tracking, and documenting unexpected incidents. When any Employee is involved in medication and/or documentation errors, unanticipated deaths, patient incidents, injuries, safety hazards related to the care and services provided, occupational illnesses, or security incidents including incidents of property damage or theft, the Employee and Contractor shall immediately report the incident to DNA, as DNA requires documentation to insure continued nation as affect. insure continued patient safety

- ADDITIONAL REPORTING OBLIGATIONS OF CONTRACTOR
 Contractor shall also immediately report to DNA any employment-related concerns, problems or issues with any Employee supplied by DNA, including any Employee report made directly to Contractor.
- B. If Contractor reasonably believes that any Employee assigned by DNA is incompetent, negligent or has engaged in misconduct, Contractor may require such Employee to leave its premises and shall inform DNA of this action immediately. Contractor's obligation to compensate DNA for the Employee's services shall be limited to the hours actually worked by such Employee; however, any action taken by Contractor in this regard must be based upon a reasonable, good faith belief by Contractor that the Employee must in fact be removed from the premises immediately.

 C. Contractor is responsible to determine the adequacy of each Employee's job
- performance. If Contractor determines that the Employee's performance is unsatisfactory, Contractor will notify DNA of specific deficiencies in writing in circumstances other than those requiring immediate removal from the premises.

GENERAL LIABILITY INSURANCE

Contractor shall maintain accident and general liability insurance covering the premises contractor shall maintain accruent and general monthly instance covering the premises where DNA Employees will perform services hereunder, as well as any Contractor owned or leased vehicles that DNA Employees may use in the course of their work pursuant to this Agreement. Upon request of DNA, Contractor shall provide a copy of all insurance policies demonstrating compliance with this paragraph.

INDEPENDENT STATUS

- A. In the performance of their respective duties under this Agreement, DNA and Contractor shall remain independent contracting entities, and neither shall be deemed to be the employer or employee of the other for any purpose whatsoever. The relationship between the parties shall at all times be that of independent contractors. No provision of this Agreement is intended to, or shall be construed, to render one party an employee, servant or partner of the other,
- B. In the event that the Internal Revenue Service or another government agency questions or challenges the independent contractor status of either DNA or Contractor, both DNA and Contractor, upon receipt by either of them of notice from the Internal Revenue Service or other government agency, shall promptly notify and afford the other party Service or other government agency, small prompts though all the Internal Revenue Service or other government agency, irrespective by whom such negotiations were initiated, to the extent permitted by the Internal Revenue Service or other government agencies.

COMMUNICATION WITH STAFF

Contractor shall not communicate directly with DNA Employees outside of the assignment scope. All communications regarding staff scheduling with DNA Employees, whether written, verbal, or in person, shall be relayed through DNA unless otherwise agreed to in writing by both parties. See also paragraph 7.A. hereof.

16. NO SOLICITATION BY CONTRACTOR During the term of this Agreement, Contractor shall not solicit or attempt to solicit, either directly or indirectly, the business or trade of DNA for Contractor's benefit or the benefit of any other person or entity to the exclusion of DNA, nor shall Contractor request or allow anyone to do so on its behalf.

INJUNCTIVE RELIEF

In addition to all other available remedies in the event of a breach of this Agreement, DNA, as the aggrieved party, shall be entitled to immediate injunctive relief to prevent the irreparable harm which will result in the absence of such relief

ADDITIONAL LIMITATIONS/REQUIREMENTS

- A. Contractor agrees that it will not entrust any Employee with unattended premises, cash, checks, keys, credit cards, merchandise or other valuables without prior, express permission from DNA.
- B. Contractor will not request or permit any Employee to use any vehicle, regardless of ownership, in connection with the performance of services for Contractor, without prior, express permission from DNA.

NON-DISCRIMINATION

Both DNA and Contractor agree that they will abide by all federal, state, and applicable laws regarding the prohibition of discrimination in the provision of services on the basis of race, sex, religion, creed, disability, ancestry, national origin, sexual preference or age.

NO WAIVER

No course of dealing or failure of either party to strictly enforce any term, right or condition of this Agreement shall be construed as a waiver of such term, right, or condition relating to any subsequent breach.

SURVIVAL OF OBLIGATIONS

Contractor's obligations under this Agreement which by their nature would continue beyond the termination, cancellation, or expiration of this Agreement, shall survive termination, cancellation or expiration of the Agreement.

NO GENERAL INVALIDITY

If any of the provisions of this Agreement are judicially declared invalid or unenforceable, such invalidity or unenforceability shall not invalidate or render unenforceable the entire Agreement, and this Agreement shall be construed as if not containing the particular invalid or unenforceable provision or provisions

DISASTERS AND RELATED EVENTS

Neither DNA nor Contractor shall be liable for failure to perform hereunder due to contingencies beyond either of their reasonable control including, but not limited to, strikes, riots, war, fire, acts of God or natural disasters, accidents, mechanical failures not caused by the fault or neglect of DNA or Contractor, compliance with any law, regulation, or order of the United States of America or any state, governmental body, or any instrumentality thereof, whether now existing or bereafter remaid. or hereafter created

ASSIGNMENT/SUCCESSORS AND ASSIGNS

 A. Contractor shall not assign or delegate its rights, duties and obligations under this
 Agreement, either in whole or in part, or any monies due or to become due hereunder without the prior written consent of DNA, which shall not be unreasonably withheld Any such assignment without the prior written consent of DNA shall be absolutely invalid. DNA may in its discretion, assign this Agreement in whole or in part to its subsidiaries, or affiliated corporations

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- B. This Agreement shall be binding upon any and all successors and assigns of Contractor. In the event of a potential asset, stock or other sale of Contractor, Contractor and/or any or all of its agents and representatives (including, but not limited to brokers) shall have an affirmative duty to notify the potential buyer through the due diligence process or otherwise of the binding nature of this Agreement and that it is binding on all successors and assigns of Contractor. Contractor shall also notify DNA of the pendency of any transaction contemplated herein and shall provide DNA with reasonable notice thereof so that DNA may assert all rights it has under this Agreement, including, but not limited to, those referenced in Sections 29.A., 11 and 17 hereof.
- C. To the extent Contractor breaches any part of this Section 29, the Indemnification provisions of Section 11 hereof shall be fully enforced by DNA against Contractor. It expressly is understood that liability to DNA shall not be limited to booked but unworked shifts.

CHANGES TO AGREEMENT

Any changes to this Agreement shall be effective only if mutually agreed upon in writing by duly authorized representatives of the parties. This Agreement shall not be modified or supplemented, or any rights, duties or obligations of a party in it waived, except by such a writing.

FINAL AGREEMENT: SURVIVABILITY OF TERMS

This Agreement represents the entire agreement between the parties. It supersedes and voids all contract terms contained in any earlier agreements between the parties. There are no other oral or written agreements between the parties supplemental or contracy to this Agreement. If any provision hereof shall be held unenforceable, the remaining provisions shall be given full

32. TERM OF AGREEMENT AND TERMINATION

The term of this Agreement shall be from January 2019 to January 2020, and will automatically renew on an annual basis if not revised by agreement of each party or terminated. Either party may terminate this Agreement for any lawful reason by sending the other written notice of termination at least thirry (30) days before the date of termination. Such termination shall not be a waiver of any right to pursue damages for a pre-existing breach. The parties herein shall deal with each other in good faith during the thirry (30) day period after which any notice of intent to terminate without cause has been given. to terminate without cause has been given.

Dedicated Nursing Associates, Inc Contract Forms		
DNA Contract Compliance	DNA	
Document Title:	Document Number:	
	Effective Date: 01/13/2016 Revision Date:	
Joint Commission Compliance Form		
	Approved By: D.R./C.W.	
	Page Number: Page 9 of 6	

Gebisetet Narsary Associates, lec. (DNA) as a José Commission cortified organization, we encourage sar classes to

- Note he common and over a progres to each hand size professional of the consistence of the best transportation and an extend to receive the measurement of the best transportation and an extend to receive the professional and the second transportation and an extendit transportation and the second transportation and the second transportation and transportation and transportation and transportation and transportation and the second transportation and transportation an

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33 NOTICE

Any notice given pursuant to this Agreement shall be given by personal delivery, prepaid telegram, telecopy, overnight delivery service postage prepaid, registered or certified mail, with return receipt requested, directed to the parties at the following addresses:

Dedicated Nursing Associates, Inc.

6536 William Penn Highway Rt 22 Suite 202 Delmont, Pennsylvania 15626

Contractor: 23255 Lorian Road

North Olmstead, Ohio 44070

CHOICE OF LAW/VENUE

This Agreement shall be governed by and construed in accordance with the laws of This agreement shall be governed by and construed in accordance with the laws of the Commonwealth of Pennsylvania, without reference to any conflicts of law principles thereof. In addition, any claims brought hereunder shall first attempted to be mediated informally by the parties. In the event mediation is unsuccessful, then any litigation brought hereunder must be brought in the Court of Common Pleas of Westmoreland County, Pennsylvania, or the U.S. District Court for the Western District of Pennsylvania, to the extent federal law or federal diversity intrediction would apply. jurisdiction would apply.

35. EXECUTION

This Agreement is executed by duly authorized officers, employees or agents of the parties on the dates below, and with the intent to be legally bound hereby:

Dedicated Nursing Associates, Inc.: Title: Account Rep Dured: 1/18/19 Contractor: Entity: LENOX REDUCE By: [Authorized Representative] Title: ADMINISTRAIN Dated: 1/8/19

[Electronic signature/verification has the same legal significance as writing].

Exhibit A

Per-Diem Rates	Weekday	Weekend
State Tested Nursing Assistant Licensed Practical Nurse Registered Nurse	\$27.00/Hr \$40.00/Hr \$50.00/Hr	\$30.00/Hr \$43.00/Hr \$53.00/Hr
Contract Assignment Rates		
a. State Tested Nursing Assistant b. Licensed Practical Nurse c. Registered Nurse	\$35.00/Hr \$48.00/Hr \$58.00/H-	\$38.00/Hr \$51.00/Hr

^{*} Travel/Contract Assignments are typically (13) thirteen weeks in duration, however never less than (4) four weeks and encompass all costs, e.g. lodging and travel. Any new service not listed will be added by an addendum attachment

Weekend Bill Rates

Contractor agrees to pay the weekend bill rates for the following days and shifts worked:

 Saturday- 7:00 am-3:00 pm 3:00 pm-11:00 pm 11:00 pm-7:00 am 7:00 am-3:00 pm · Sunday-

3:00 pm-11:00 pm 11:00 pm-7:00 am

Holiday Policy

The following days will be billed at 1 1/2 the hourly rate:

New Year's Eve 3:00 p.m. through New Year's Day Martin Luther King Jr. Day

- Easter Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Christmas Eve 3:00 p.m. through Christmas Day

^{**} Specialty is considered any unit outside of Long Term Care, Med/Surg, Telemetry. All Registered Nurses that have management functions (floor manager, unit manager, etc) during their assignment will also be considered specialty.

CONTACT CHECKLIST

Point of Contact	
Administrator: Name:	DON:
E-mail: ASHAH @ BOWDER HEALTH CARE	Name:
Phone: 614-288- 7626	E-mail:
7626	Phone:
Scheduler/Staffing Coordinator: Name: HOATHER BILL	Other:
E-mail: hbill Oboulderheathcan	
Phone: 440-801-4040	

Type of Facility: SNF	
Size/Number of Beds: 165	
Main Need (Discipline): LPN / RN 157NA	
Currently Using Agency? No	

- 1 Who (ex: OR Nurse, ER Nurse, Med Tech, Telemetry, Nurse Aide etc.)?
- 2 What (ex: education requirements, clinical requirements, specific years of experience, male or female, height requirements etc.)?
- 3 When (ex: length of assignment, specific schedule/days, start date etc.)?
- 4 Where (ex: if multiple locations/wings, where is the help needed)?

12

Billing Information

Billing/Invoice	
Contact Name: DEp821 Sm27H	Title: BUSZWESS OFFICE MANAGER
	E-mail Address: DSM27/10 BOWLES PERSONS

Company Billing Name:	n: BOWDER HEACTHCARE
Billing Address: 23225	
Invoicing Preference:	(VE-mail (V Mail
Payment Preference: Card	() ACH (Check () Credit
OT Rate:	Holiday Rate:
MSP/VMS fee (if applicabl	e):
Administrative fees (if app	licable) & Special billing requirements:

Training/Orientation

Contractor agrees to pay for all orientation/training hours.

Lunch Break

Signed time cards that authorize a paid lunch break will be billed to the Contractor.

Overtime Police

Any hours exceeding 40 hours in single payroll week (Sunday through Saturday) will be billed at time and a half (1 ½).

Cancellation Policy for Per Diem Personnel

 Per Diem: Any shift that is cancelled with less than two (2) hours notice will result in a four (4) hour billing charge.

Cancellation Policy for Travel/Contract Assignment:

Travel/Contract Assignments are guaranteed. If cancelled (for any reason), weeks
agreed upon will be billed in full. If an employee works part of the assignment, that
time and the unworked portion will also be billed. The billed time is not to exceed
agreement unless an extension is required and documented. Minimum contract
assignments are four (4) weeks.

Interest: Any invoice beyond 30 days past due will be charged interest at a rate of 1.5%.

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EXHIBIT 14

9/16/2019

DNA

Dedicated Nursing Associates, Inc 5536 William Penn Hwy Rt 22, Suite 201 Delmont, PA 15626 (855) 349-6013

Lenox Ridge Nursing Home 23225 Lorien Road North Olmsted, OH 44070

INVOICE Invoice No. 160105 Date 06/14/2019 Page 1

Terms	PO	Number
30		

Date	Shift Worked	Temp	Dept.	Desc.	Rate	Units	Amount Due
		Gill, Eutopia (RN)	LTC	S3 Regular Weekend	53.00	8.00	424.00
		Grayer, Aliyah (LPN)	LTC	S2 Regular Weekend	43.00	B.25	354.75
		Griffin, Tiffany (LPN)	LTC	S1 Regular Weekend	43.00	8.50	365.50
04/04/19 Thu	11:00P - 07:00A	Jackson, DeAndra (STNA)			27.00	8.00	216.00
		Lenox R	lidge	Nursing Home Sub	total:	32.75	1,360.25
				Inv	olce Total	1: 32.75	\$1,360,25

Please Send Payments to:
Dedicated Nursing Associates Inc
6536 William Penn Hwy Rt 22, Suite 201
Delmont, PA 15636
Thank You For Allowing Us the Privilege of Serving You!
All invoices that are past due per the terms of the contract will be charged interest at a rate of 1.5%

DNA

Dedicated Nursing Associates, Inc 5536 William Penn Hwy Rt 22, Suite 201 Delmont, PA 15626 (855) 349-6013

Lenox Ridge Nursing Home 23225 Lorien Road North Olmsted, OH 44070

INVOICE Invoice No. 160316 Date 06/21/2019 Page 1

Terms	PO F	dumb
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Date	Shift Worked	Temp	Dept.	Desc.	Rate	Units	Amount Due
06/15/19 Sat 06/09/19 Sun	03:00P - 11:15P 07:00A - 03:15P	Conner, Ashlee (LPN) Jackson, Selena (LPN)	LTC	S2 Regular Weekend S1 Regular Weekend	43.00 43.00	8.25 7.75	354.75 333.25
				Nursing Home Sub		16,00	688.00

Please Send Payments to:
Dedicated Nursing Associates Inc
6536 William Penn Hwy Rt 22, Suite 201
Defmont, PA 15626
Thank You For Allowing List the Privilege of Serving You!
All Invoices that are past due per the terms of the contract will be charged interest at a rate of 1.5%

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https://cmis.contingentialani.management.com/thiair_invoice_edv.cfm?requestTxneout=1200



Dedicated Nursing Associates, Inc 6536 William Petin Hwy Rt 22, Suite 201 Delmont, PA 15626 (855) 349-6013

INVOICE

Terms PO Number

	Shift						
Date	Worked	Temp	Dept.	Desc.	Rate	Units	Amount Due
06/08/19 Sat	07:00A - 11:00A	Pettis, Tiarah (LPN)	LTC	51 Regular Weekend	43.00	4.00	172.00
		Leno	x Rid	e Nursing Home Sul	ototal:	4.00	172.00
				In	roice Total	4.00	\$172.00

Please Send Payments to:
Oedidated Nursing Associates Inc
5:36 William Penn Hyw R: 22, Suite 201
Delmong, PA 15:25
Delmong, PA 15:25
Transer You For Allowing Use the Privilege of Serving You!
All invoices that are past due per the terms of the contract will be charged interest at a rate of 1:5%

DNA

Dedicated Nursing Associates, Inc 6536 William Pena Hwy Rt 22, Suite 201 Delmont, PA 15626 (855) 349-6013

INVOICE Invoice No. 160911 Date 07/05/2019 Page 1

 Oate
 Shift Worked
 Temp
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 Rate
 Units
 Amount Oue

 06/29/19 Sat
 07:00P - 11:00P
 King, Jamica (LPN)
 LTC
 52 Regular Weekend
 43:00
 4:00
 172:00
 Note inconvenience pay per contract

Lenox Ridge Nursing Home Subtotal: 4.00 172.00 Invoice Total: 4.00 5172.00

Please Send Payments to:
Dedicate Nursing Associates Inc.
Dedicate Nursing Associates Inc.
Sids William Penn Hwy Rt 22, Suite 201
Delmont, PA 15626
Trank You Far Allowing Us the Privilege of Serving You!
All involces that are past due per tha larms of the contract will be charged interest at a rate of 1.5%

9/16/2019

DNA
Deplement Nursing Associates, Inc.

Dedicated Nursing Associates, Inc 6536 William Penn Hwy Rt 22; Suite 201 Delmont, PA 15626 (855) 349-6013

Lenox Ridge Nursing Home 23225 Lorian Road North Olmsted, DH 44070 INVOICE Invoice No. 162665 Date 08/02/2019

Terms PO Numbe

 Date
 Shift vertical of vertical of page (LPN)
 Temp
 Dept.
 Desc.
 Rate
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 Amount Due vertical of page (LPN)

 07/23/19 Tue
 10:00A - 07:30P
 Warner, Lydia (LPN)
 LTC S4 Regular
 4,00
 9,00
 360,00

 Lenox Ridge Nursing None Subbotals:
 9,00
 360,00

 Involve Yosis:
 1,00
 340,00

Please Send Payments to:
Dedicated Nursing Associates Inc
6536 William Plann Hwy Rt 22, Suite 201
Delmont, PA 15626
Thank You For Allowing Us the Privilege of Serving You!
All invoices that are past due per the terms of the contract will be charged interest at a rate of 1.5%

DNA

Dedicated Nursing Associates, Inc 6536 William Penn Hwy Rt 22, Suite 201 Delmont, PA 15626 (855) 349-6013

Lenox Ridge Nursing Home 23225 Lorian Road North Olmsted, OH 44070

INVOICE Invoice No. 163035 Date 08/09/2019

Terms PO Number

 Date
 Shift Worked
 Temp
 Dept.
 Desc.
 Rate
 Units
 Amount Due

 08/02/19 FrI
 07:00A - 07:30P
 Warner, Lydia (LPN)
 LTC
 54 Regular
 40.00
 12:30
 480.00

 Lenox Ridge
 Nursing Home Subtotal:
 12:00
 480.00

 Invoice Total:
 12:00
 480.00

Please Send Payments to:
Ded Cafed Nursing Associates Inc.
6535 William Forn Hwy Rt 22, Sure 201
Delmont, PA 15028
Thank To V Far Allowing Us the Pavillege of Serving You!
All unspices that are past due per the terms of the contract will be charged interest at a rate of 1.5%

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The Contingent Staffing: Involce

DNA

Dedicated Nursing Associates, Inc 6536 William Pann Hwy Rt 22, Suite 201 Delmont, PA 15626 (855) 349-6013

Lanox Ridge Nursing Home 23225 Lorian Road North Olmsted, OH 44070

INVOICE Invoice No. 153369 Date 08/16/2019 Page 1

Terms PO Number 30

Please Send Payments to:
Dedicated Nursing Associates Inc
6535 william Penn Hwy Rt 22, Suite 201
Delmont, PA 15526
Thank You For Allowing Us the Privilege of Serving You!
All invoices that are past due per the terms of the contract will be charged interest at a rate of 1.5%

9/16/2019

1/2

Contingent Staffing: Invoice

DNA Narray Assessions

Dedicated Nursing Associates, Inc 6536 William Pann Hwy Rt 22, Suite 201 Delmont, PA 15626 (855) 349-6013

Lenox Ridge Nursing Home 23225 Lorian Road North Olmsted, OH 44070

INVOICE Invoice No. 163619 Date 08/23/2019 Page 1

Terms PO Number 30

 Date
 Shift Worked
 Temp
 Dept.
 Deec.
 Rate
 Units
 Amount Due

 08/17/19 Sat
 07:00P - 07:30A
 Conner, Ashlee (LPN)
 LTC SS Regular Weekend
 43.00
 12:50
 537.50

 Lenox Ridge Nursing Home Subtotal:
 1.02.50
 12:50
 537.50

 Invoke Total:
 1:30
 637.50

Please Send Payments to:
Dedicated Mursing Associates Inc
6536 William Penn Hwy Rt 22, Sulte 201
Delmont, PA 15526
Thank You For Allowing Is the Privilege of Serving You!
All invoices that are past due per the terms of the contract will be charged interest at a rate of 1.5%

DNA

Dedicated Nursing Associates, Inc 6536 William Pera Hay Rt 22, Suits 201 Delmont, PA 15626 (855) 349-6013

Lenox Ridge Nursing Home 23225 Lorian Road North Olmsted, OH 44070

INVOICE

Terms	PO Number
30	
30	

Invoice

Invoice #

3205i

Project

\$41,900

Date

10/1/2019

Date	Shift Worked	Temp	Dopt.	Deec.	Rate	Units	Amount Due
		Conner, Ashlee (LPN)			40.00	12.00	480.00
		Conner, Ashlee (LPN)			end 43.00	12.00	516.00
		Davis, Bianca (LPN)			40.00	12.25	490.00
		Grayer, Aliyah (LPN)			40.00	7.50	300.00
		Milton, Lanetta (LPN)			40.00	12.25	490.00
08/20/19 Tue	07:00P - 11:00P	Philipot, Honey (LPN)	LTC	S5 Regular	40.00	4.00	160.00
		Lenox	Ridge	e Nursing Home	Subtotal:	60.00	2,436.00
					Invoice Total	60.00	\$2,436.00

Please Send Payments to:
Dedicated Nursing Associates Inc
6536 William Penn Hwy Rt 22, Suite 201
Delmont, PA 15626
Thank You For Allowing Us the Privilege of Serving You!
All Invaices that are past due per the terms of the contract will be charged interest at a rate of 1.5%

https://ctms.mntingenttelentmanagement.com/dnah_invoice_adv.clm?requestTimeout=1200.

Dedicated Nursing Associates, Inc.

6536 William Penn Hwy Rt 22

Suite 201 Delmont, PA 15626

Bill To	
Lovox Ridge Nursing Home 23225 Lorum Road Nurth Olmsted, OH 44070	

	Description	Rate	Amount
- 1	Interest on Past Due Invoices		
	Invoice 160105	0.015	20,40
	Invoice 160316	0.015	10.32
172	Invoice 160723	0.015	2.58
172	Invoice 160913	0.015	2.58
	Invoice 162665	0.015	5.40
41.28	Invoice #3139i	0.015	0.62
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P.O. No.

Terms

Total

Dedicated Nursing Associates, Inc.

6536 William Penn Hwy Rt 22 Suite 201 Delmont, PA 15626

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Date	Invoice #		
9/1/2019	3139		

Bill To	
Lanox Ridge Nurring Hame 23225 Curran Road North Olmoad, 139 44870	

			P.O. No.	Terms		Project
				Net 30		
Quantity		Description		Rate		Amount
1,360.25 688 172 172	Interest on Past Due Invoices Invoice 160:105 Invoice 160:116 Invoice 160:125 Invoice 160:723 Invoice 160:723 Invoice 162:665				0,015 0,015 0,015 0,015 0,015 0,015	2004 103 2.5 2.5 5.4
				Total		\$41.28

EXHIBIT 15

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Dedicated Nursing Associates, Inc. 6536 William Penn Hwy Rt 22 Suite 201 Delmont, PA 15626

Statement

Date	
10/8/2019	

eriox Ridge Niering Hom 13225 Lorian Road Sorth Olmoted, OH 44070

				Amount Due	Amount Enc.	
				\$6,468.93		
Date		Transaction		Amount	Balance	
06/21/2019 06/28/2019 07/05/2019 08/02/2019 08/09/2019 08/16/2019 08/23/2019 08/30/2019 09/01/2019	INV #160105 Due 0721-20 INV #160116 Due 0721-20 INV #160116 Due 0721-20 INV #160116 Due 0721-20 INV #160725 Due 0721-20 INV #16073 Due 0804-20 INV #16025 Due 9604-20 INV #16035 Due 9604-20 INV #16035 Due 9604-20 INV #16035 Due 1604-20 INV #1604-20 INV #1	 Orig, Amount \$688.00 Orig, Amount \$172.00 Orig, Amount \$172.00 Orig, Amount \$360.00 Orig, Amount \$480.00 Orig, Amount \$345.00 Orig, Amount \$347.50 Orig, Amount \$347.50 Orig, Amount \$347.50). (). (). (). ().	1,360,25 688,00 172,00 172,00 172,00 480,00 180,00 537,50 2,436,00 41,28 41,90	1.360 2.048 2.270 2.392 2.752 3.412 3.949 6.385 6.427 6.408	
CURRENT	1-30 DAYS PAST DUE	31-60 DAYS PAST DUE	61-90 DAYS PAST	OVER 90 DAYS PAST DUE	Amount Due	

MANATATA

U1/03/2019 THU 19: 21 FAX

M002/012

DecuSign Envelope (0. 708C5845-05E0-4621-BC5A-4E9A114B14DB

MEDICAL STAFFING AGREEMENT

THIS MEDICAL STAFFING AGREEMENT ("Agreement"), made this 3rd day of January 2019, between DEDICATED NURSING ASSOCIATES, INC. ("DNA"), a Pennsylvania corporation having a place of business at 6536 William Penn Highway Rt. 22, Suite 202, Delinont, Pennsylvania 15626,

A N D

Maderia Village Nursing and Rehab ("Contractor"), having its principle place of business at 5970 Kenwood Road, Cincinnati, Ohio 45243.

WHEREAS, DNA is in the business of providing registered nurses, licensed practical nurses, certified nursing sides, home health aides and other medical professionals ("Employee" or "Employees") with particular skills and experience; and

WHEREAS, Contractor is in need of personnel with the skill and experience provided by

NOW, THEREFORE, in consideration of the covenants contained herein and intending to be legally bound, the parties hereby agree as follows:

EMPLOYEES TO BE PROVIDED

The Employees to be provided include, but are not limited to, the following: RN's, LPN's, CNA's, HHA's and NA's.

QUALIFICATIONS OF EMPLOYEES.

DNA will ensure that Employees to be provided shall possess the qualifications required to perform the work for which they are contracted to provide in their particular field of practice. They shall also possess the required qualifications in the areas of education, certification, license, Physical and Mantoux test and criminal clearances, as required.

DNA AS EMPLOYER

Contractor shall not be responsible for payment of wages, salaries, and other compensation, fringe benefits, unemployment insurance, workers' compensation, accial security, or other payroll taxes for staff provided to Contractor by DNA. Further, DNA shall be the employer of all persons it fumishes to Contractor.

Contractor shall be responsible for all expenses incurred by DNA Employees relating to patient care (by way of example only, gloves) while on assignment to Contractor under this Agreement

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ADMINISTRATIVE LINK

For the purpose of facilitating the services contemplated by this Agreement, Contractor and DNA each shall designate an administrative employee to be available for such purpose.

EXHIBIT 16

COMPENSATION (TIME RECORDS)

Contractor shall compensate DNA for its services in accordance with the schedule set forth in Exhibit "A" hereto, which is incorporated by reference and made part of this Agreement. For the purpose of compensation, DNA shall submit documentation in the form of time records for the services provided to Contractor. Contractor, or its authorized representative, shall be responsible for verifying that the time records are accurate.

SCHEDULING AND SUBSTITUTE STAFF

- A. Contractor must immediately notify DNA of any changes to the agreed upon staffing schedule for Employees. Contractor is not authorized to accept a schedule change that Is only discussed with an Employee and not approved in advance by DNA. If the schedule change results in the Employee working fewer hours than scheduled, failure to give notice to and receive consent from DNA may result in a charge for the originally scheduled hours. If a schedule change results in an Employee working over forty (40) hours in one week for DNA, and if there is no agreement to the contrary, Contractor will be charged the overtime billing rate for any hours that were not approved in advance by DNA for the Employee.
- B. DNA shall use its best efforts to replace regularly scheduled staff that are unavailable on a given day due to an illness or paid time off, or because of an emergency, vacation or holiday; however, DNA cannot guarantee that it can or will provide substitute staff.

8. HIRING OF EMPLOYEES BY CONTRACTOR AND CONVERSION FEE. Contractor may wish to employ directly an Employee who has been supplied by DNA. In the event of such a conversion to the employ of Contractor or to another employer to whom Contractor refers such Employee, Contractor agrees to pay a conversion fee. The conversion fee is \$15,000.00 for an RN, \$12,000.00 for an LPN, \$9,000.00 for a CNA and \$9,000.00 for a HHA to NA. The conversion fee will be reduced by \$200.00 for each 40 hours of weakly services performed while on assignment to the Contractor, however in no event will there be any less than a \$6,000.00 conversion fee for any position. The same calculation will be used if Contractor converts a DNA Employee to part-time status. Again, the conversion fee will not be less than \$6,000.00

A. The conversion fee is payable if Contractor hires the DNA Employee assigned, regardless of the employment classification, on either a permanent, temporary (including temporary assignments through another agency) or consulting basis within six (6) months after the last day of the assignment. Contractor also agree to pay a conversion fee if the DNA Employee assigned to Contractor is hired by a subsidiary, other related company or any other entity or business as a result of referral of the Employee by Contractor.

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COMPLIANCE WITH APPLICABLE LAW

DNA and Contractor shall comply with the Pair Labor Standards Act, the Occupational Safety and Health Act ("OSHA"), Immigration Reform and Control Act, the Health Insurance Portability and Accountability Act ("HIPAA"), and all other applicable federal, state, and local statutes, laws, ordinances, regulations and standards including, but not limited to, equal employment opportunity, civil rights, anti-discrimination, wage and hour, privacy and Joint Commission, whether as presently enacted or as hereafter amended. Notwithstanding the above, it is agreed that Contractor is primarily responsible for compliance with OSHA and comparable state laws and regulations thereunder, to the extent those laws and regulations apply to Employees assigned to Contractor This responsibility includes, but is not limited to, required information and training in site-specific protocols, the facility exposure control plan and available personal protective equipment. Contractor will maintain documentation regarding training and related obligations hereunder, and make this documentation available to DNA upon request. Contractor will provide post-exposure evaluation and follow-up in accordance with OSHA standards.

- CONFIDENCE OF INFORMATION
 Contractor shall keep in confidence all information relating to the methods of operations, trade secrets, business plans, business opportunities, finances, strategic planning and development, research, development, personnel data, recruiting, compensation, billing, and all other confidential knowledge, data and information related to the business and affairs of DNA that may be acquired in furtherance of the relationship contemplated by this Agreement. During and after the term of this Agreement, Contractor shall not, without the prior written consent of DNA, publish, communicate, divulge or disclose any such information.
- B. The parties hereto agree to comply with any and all federal or state laws or regulations that have or may become effective during the term of this Agreement, including, but not limited to HIPAA and any amendments, rules and regulations promulgated thereunder. The parties further agree to execute any additional documents that may be required under HIPAA, including, but not limited to, a Business Associates Agreement.

11. INDEMNIFICATION
DNA and Contractor shall indemnify, hold harmless, and, upon request, defend the other party and their respective subsidiaries, affillates, directors, officers, employees, agents and independent contractors, from and against all liens, claims, charges, causes of action of any type, whether in law or equity, liabilities, damages, losses and expenses including, but not limited to, interest, penalties, reasonable attorney's fees and costs of suit, arising out of or in connection with their own acts or omissions, whether in whole or in part, relating to their obligations pursuant to this Agreement.

PROFESSIONAL LIABILITY INSURANCE

Each party to this Agreement shall obtain, at its own cost, professional liability insurance covering its own act or omissions. Each shall maintain such insurance in amounts not less than Two Million (\$2,000,000.00) Dollars per occurrence and Six Million (\$6,000,000.00) Dollars annual aggregate.

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 FLOATING POLICIES AND COMPETENCE.
 Floating refers to the reassignment of Employees, where the Employee's job functions differ from specified requirements. With the express, written permission of DNA, Contractor may flost one or more Employees that are within the scope of the Employee's clinical expertise, Joint Commission standards, and to which they have been fully oriented. Contractor shall pay to DNA the agreed upon rate under these circumsti

ORIENTATION POLICIES
Contractor will require Employees furnished under this Agreement to review
Contractor's fire and disaster, infection control and no-Ilft policies prior to placement.

20. SUBCONTRACTING
DNA, at its sole discretion, may contract with one or more persons or entities for the performance of DNA's services covered by this Agreement, provided the contract shall not relieve DNA of its obligations and liability under this Agreement. Any individual provided under such a subcontracting arrangement shall be deemed an "Employee" solely for purposes of this Agreement.

INCIDENT, ERROR TRACKING SYSTEM

DNA has a system for reporting, tracking, and documenting unexpected incidents. When any Employee is involved in medication and/or documentation errors, unanticipated deaths, patient incidents, injuries, safety hazards related to the care and services provided, occupational illnesses, or security incidents including incidents of property damage or theft, the Employee and Contractor shall immediately report the incident to DNA, as DNA requires documentation to insure continued patient sufety.

ADDITIONAL REPORTING OBLIGATIONS OF CONTRACTOR

- A. Contractor shall also immediately report to DNA any employment-related concerns, problems or issues with any Employee supplied by DNA, including any Employee report made directly to Contractor
- B. If Contractor reasonably believes that any Employee assigned by DNA is incompetent, negligent or has engaged in misconduct, Contractor may require such Employee to leave its premises and shall inform DNA of this action immediately. Contractor's obligation to compensate DNA for the Employee's services shall be limited to the hours actually worked by such Employee; however, any action taken by Contractor in this regard must be based upon a reasonable, good faith belief by Contractor that the Employee must in fact be removed from the premises immediately.

 C. Contractor is responsible to determine the adequacy of each Employee's jub performance.

 If Contractor determines that the Employee's performance is
- unsatisfactory, Contractor will notify DNA of specific deficiencies in writing in circumstances other than those requiring immediate removal from the premises.

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13. GENERAL LIABILITY INSURANCE Contractor shall maintain accident and general (lability insurance covering the premises where DNA Employees will perform services hereunder, as well as any Contractor owned or leased vehicles that DNA Employees may use in the course of their work pursuant to this Agreement. Upon request of DNA, Contractor shall provide a copy of all insurance policies demonstrating compliance with this paragraph.

- 14. INDEPENDENT STATUS
 A. In the performance of their respective duties under this Agreement, DNA and Contractor shall remain independent contracting entitles, and neither shall be deemed to be the employer or employee of the other for any purpose whatsoever. The relationship between the parties shall at all times be that of independent contractors. No provision of this Agreement is intended to, or shall be construed, to render one party an employee, servant or partner of the other.
- In the event that the Internal Revenue Service or another government agency questions or challenges the independent contractor status of either DNA or Contractor, both DNA and Contractor, upon receipt by either of them of notice from the Internal Revenue Service or other government agency, shall promptly notify and afford the other party the opportunity to participate in any discussion or negotiation with the Internal Revenue Service or other government agency, irrespective by whom such negotiations were initiated, to the extent permitted by the Internal Revenue Service or other government

COMMUNICATION WITH STAFF

Contractor shall not communicate directly with DNA Employees outside of the assignment scope. All communications regarding staff scheduling with DNA Employees, whether written, verbal, or in person, shall be relayed through DNA unless otherwise agreed to in writing by both matter. See Alexander 12 A heart's 12 A person 12 A heart's 13 A heart's 13 A heart's 13 A heart's 14 A person 14 A heart's 14 A heart parties. See also paragraph 7.A. hereof.

NO SOLICITATION BY CONTRACTOR

During the term of this Agreement, Contractor shall not solicit or attempt to solicit, either directly or indirectly, the business or trade of DNA for Contractor's benefit or the benefit of any other person or entity to the exclusion of DNA, nor shall Contractor request or allow anyone to do so on its behalf

17. INJUNCTIVE RELIEF In addition to all other available remedies in the event of a breach of this Agreement, DNA, as the aggrieved party, shall be entitled to immediate injunctive relief to prevent the irreparable harm which will result in the absence of such relief.

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ADDITIONAL LIMITATIONS/REQUIREMENTS

- A. Contractor agrees that it will not entrust any Employee with unattended premises, cash, checks, keys, credit cards, merchandise or other valuables without prior, express neemission from DNA
- B. Contractor will not request or permit any Employee to use any vehicle, regardless of ownership, in connection with the performance of services for Contractor, without prior, express permission from DNA.

NON-DISCRIMINATION

Both DNA and Contractor agree that they will abide by all federal, state, and applicable laws regarding the prohibition of discrimination in the provision of services on the basis of race, sex, religion, creed, disability, ancestry, national origin, sexual preference or age.

25. NO WAIVER
No course of dealing or failure of either party to strictly enforce any term, right or condition of this Agreement shall be construed as a waiver of such term, right, or condition relating to any

SURVIVAL OF OBLIGATIONS

Contractor's obligations under this Agreement which by their nature would continue beyond the termination, cancellation, or expiration of this Agreement, shall survive termination, cancellation or expiration of the Agreement.

NO GENERAL INVALIDITY

If any of the provisions of this Agreement are judicially declared invalid or unenforceable, such invalidity or unenforceability shall not invalidate or render unenforceable the entire Agreement, and this Agreement shall be construed as if not containing the particular invalid or unenforceable provision or provisions.

28. <u>DISASTERS AND RELATED EVENTS</u>
Neither DNA nor Contractor shall be liable for failure to perform hereunder due to contingencies beyond either of their reasonable control including, but not limited to, strikes, riots, war, fire, acts of God or natural disasters, accidents, mechanical failures not caused by the fault or neglect of DNA or Contractor, compliance with any law, regulation, or order of the United States of America or any state, governmental body, or any instrumentality thereof, whether now existing or hereafter created.

ASSIGNMENT/SUCCESSORS AND ASSIGNS

A. Contractor shall not assign or delegate its rights, duties and obligations under this Agreement, either in whole or in part, or any monies due or to become due hereunder without the prior written consent of DNA, which shall not be unreasonably withheld Any such assignment without the prior written consent of DNA shall be absolutely invalid. DNA may in its discretion, assign this Agreement in whole or in part to its subsidiaries, or affiliated corporations.

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- B. This Agreement shall be binding upon any and all successors and assigns of Contractor In the event of a potential asset, stock or other sale of Contractor, Contractor and/or any or all of its agents and representatives (including, but not limited to brokers) shall any or all of its agents and representatives (moding, our northiness or northers) and its agents and representatives (modify the potential buyer through the due diligence process or otherwise of the binding nature of this Agroement and that it is binding on all successors and assigns of Contractor. Contractor shall also notify DNA of the pendency of any transaction contemplated herein and shall provide DNA with reasonable notice thereof so that DNA may assert all rights it has under this Agreement, including, but not limited to, those referenced in Sections 29.A., 11 and 17 hereof.
- C. To the extent Contractor breaches any part of this Section 29, the Indemnification provisions of Section I1 hereof shall be fully enforced by DNA against Contractor. It expressly is understood that liability to DNA shall not be limited to booked but

30. CHANGES TO AGREEMENT. Any changes to this Agreement shall be effective only if mutually agreed upon in writing by duly authorized representatives of the parties. This Agreement shall not be modified or supplemented, or any rights, duties or obligations of a party in it waived, except by such a writing.

FINAL AGREEMENT: SURVIVABILITY OF TERMS

This Agreement represents the entire agreement between the parties. It supersedes and voids all contract terms contained in any earlier agreements between the parties. There are no other oral or written agreements between the parties supplemental or contrary to this Agreement. If any provision hereof shall be held unenforceable, the remaining provisions shall be given full force and effect.

32. TERM OF AGREEMENT AND TERMINATION

The term of this Agreement shall be from January 2019 to January 2020 and will automatically renew on an annual basis if not revised by agreement of each party or terminated. Either party may terminate this Agreement for any lawful reason by sending the other written notice of termination at least thirty (30) days before the date of termination. Such termination shall not be a waiver of any right to pursue damages for a pre-existing broach. The parties herein shall deal with each other in good faith during the thirty (30) day period after which any notice of intent to be account the same and the property of to terminate without cause has been given.

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Dedicated Nursing Associates, Inc Contract Forms	DNA
DNA Contract Compliance	DNA
	Document Number:
Document Title:	Effective Date: 01/13/2016
Joint Commission Compliance Form	Revision Date:
	Approved By; D.R./C.W.
	Page Number: Page 9 of 9

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NOTICE

Any notice given pursuant to this Agreement shall be given by personal delivery, prepaid telegram, telecopy, overnight delivery service postage prepaid, registered or certifled mail, with return receipt requested, directed to the parties at the following addresses:

Dedicated Nursing Associates, Inc.

6536 William Penn Highway Rt 22 Suite 202

Delmont, Pennsylvania 15626

Contractor: 5970 Kenwood Road

Cincinnati, Ohio 45243

CHOICE OF LAW/VENUE
This Agreement shall be governed by and construed in accordance with the laws of the Commonwealth of Pennsylvania, without reference to any conflicts of law principles thereof. In addition, any claims brought hereunder shall first attempted to be mediated informally by the parties. In the event mediation is unsuccessful, then any litigation brought hereunder must be brought in the Court of Common Pleas of Westmoreland County, Pennsylvania, or the U.S. District Court for the Western District of Pennsylvania, to the extent federal law or federal diversity jurisdiction would apply

EXECUTION

This Agreement is executed by duly authorized officers, employees or agents of the parties on the dates below, and with the intent to be legally bound hereby:

Dedicated Nursing Associates By: Malism Brawn		Account Representative D	ated: 1/3/	/2019
By: Jakiste Reside	_Title:	Account Representative	Dated:	1/3/2019
[Authorized Representatives]				
By: Jugay Pear LA 11/18	Title.	Admin strape	Dated:	1/3/1
[Authorized Representative] L.J. C.WILL VI OF OFENCE [Electronic signature verifica	tion has	the same legal significance :	ıs writing	s).

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Exhibit A

Per	r-Diem Rates	Weekday	Weekend
a. S	State Tested Nursing Assistant	\$25.00/Hr	\$26.00/Hr
ъ. 1	Liceused Practical Nurse	\$38.00/Flr	\$39.00/Hr
c, I	Registered Nurse	\$45.00/Hr	\$46.00/Hr
Co	ntract Assignment Rates		
a. 8	State Tosted Nursing Assistant	\$33.00/Hr	\$34.00/Hr
b. 1	Licensed Practical Nurse	\$46.00/Hr	\$47,00/Hr
c. E	Registered Nurse	\$53.00/Hr	\$54.00/Hr

- * Travel/Contract Assignments are typically (13) thirteen weeks in duration, however never less than (4) four weeks and encompass all costs, e.g. lodging and travel. Any new service not listed will be added by an addendum attachment
- ** Specialty is considered any unit outside of Long Term Care, Med/Surg, Telemetry. All Registered Nurses that have management functions (floor manager, unit manager, etc) during their assignment will also be considered specialty.

Weekend Bill Rates

Contractor agrees to pay the weekend bill rates for the following days and shifts worked:

 Saturday- 7:00 am-3:00 pm
3:00 pm-11:00 pm 11:00 pm-7:00 am 7:00 sm-3:00 pm Sunday-

3:00 pm-11:00 pm 11:00 pm-7:00 am

Holiday Policy

The following days will be billed at 1 1/4 the hourly rate:

- New Year's Eve 3:00 p.m. through New Year's Day
- Martin Luther King Jr. Day
- Easter Day - Memorial Day
- Independence Day
- Labor Day
- Thankagiving Day
- Christmas Eve 3:00 p.m. through Christmas Day

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Training/Orientation

Contractor agrees to pay for all orientation/training hours.

Signed time cards that authorize a paid lunch break will be billed to the Contractor.

Overtime Policy Any hours exceeding 40 hours in single payroll week (Sunday through Saturday) will be billed at time and a half (1 %).

Cancellation Policy for Per Diem Personnel

Per Diem: Any shift that is cancelled with less than two (2) hours notice will result in
a four (4) hour billing charge.

Cancellation Policy for Travel/Contract Assignment:

Travel/Contract Assignments are guaranteed. If cancelled (for any reason), weeks
agreed upon will be billed in full. If an employee works part of the assignment, that
time and the unworked portion will also be billed. The billed time is not to exceed
agreement unless an extension is required and documented. Minimum contract
assignments are four (4) weeks.

Interest: Any invoice beyond 30 days past due will be charged interest at a rate of 1.5%.

CONTACT CHECKLIST

Point of Contact	
Administrator: Name: //acry Crobyn E-mail: //shaysacraped boulder Phone: Maltheste.com 5/3 560-4111	DON: Sugar Oliverio Name: Solveris ploculder harlinger E-mail: Phone 5/3-661-4111
Scheduler/Staffing Coordinator: Name: PAN Janes	Other:
E-mail: p. Jones Down lost hange act. Phone:	Ear

	- 0		
Type of Facility: NA	Bingtleha	15/SNP	
Size/Number of Beds:	131		
Main Need (Discipline):	Durger.	SINA	
Currently Using Agency?	ver		

- 1 Who (ex: OR Nurse, ER Nurse, Med Tech, Telemetry, Nurse Aide etc.) ?
- 2 What (ex: education requirements, clinical requirements, specific years of experience, male or female, height requirements etc.)?
- 3 When (ex: length of assignment, specific schedule/days, start date etc.)?
- 4 Where (ex: if multiple locations/wings, where is the help needed)?

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Case 2:23-cv-01597-JFC-RAL Document 1-6 Filed 09/05/23 Page 108 of 153

DNA

Dedicated Nursing Associates, Inc 6536 William Penn Hwy Rt 22, Suite 201 Delmort, PA 15526 (855) 349-5013

INVOICE Invoice No. 160284 Date 06/21/2019 Fage 1

Terms PO Number 30

 Dotal
 Sblin Wichted
 Temp
 Dept.
 Deec.
 Rata Wichted
 Units
 Ameunt Due

 66/11/19 Tue
 05/30P - 07:00A Anderson, Jordan (LPN)
 LTC SS Regular
 38.00
 12.00
 456.00

 06/12/19 Wed
 10:30P - 06:10A Carson, Arielle (STNA)
 LTC SS Regular
 25.00
 5.00
 20.00

 06/09/19 Sun
 06:30A - 02:30P Masters, Randia (STNA)
 LTC SI Regular Weekend
 26.00
 7.00
 195.00

 06/15/19 Sat
 06:30A - 07:00F Rudolph, Tabitha (LPN)
 LTC SR Regular Weekend
 39.00
 12.00
 468:00

 Madeira VIIIaga Nursing and Rehab Subtotats
 39.50
 1,315:00

 Invertex Totals
 39.00
 13.15:00

Please Send Payments to:
Deficited Muning Associates Inc.
5035 William Pena Hwy 81 22, 5 List 201
Definion, PA 15526
Definion, PA 15526
Thank to the Association is the Invivige of Serving You!
Thank to the Association is the Invivige of Serving You!
Services that are asked due per title terms of the contract will be charged interest at a rate of 1,5%

EXHIBIT 17



INVOICE

Date Shit Work		Dept.	Desc.	Rate	Units	Amount Due
06/21/19 Fri 06.30P -	06:45A Anderson, Jorda	n (LPN) LTC 5	55 Regular	38.00	11.75	446.50
06/19/19 Wed 10:30P -	06:30A Johnson, Ciera (STNA) LTC 5	S3 Regular	25.00	8.00	200.00
06/16/19 Sun 06:30A -	02:30P Masters, Rondia	(STNA) LTC S	31 Regular Weeker	d 26.00	7.50	195.00
06/17/19 Man 06.30A -	02 30P Masters, Rondia	(STNA) LTC 5	S1 Regular	25.00	7.50	187.50
06/18/19 Tue 06:30A -	02:30P Masters, Rondia	(STNA) LTC 5	51 Regular	25.00	7.50	187.50
06/19/19 Wed 06:30A -				25.00	7.50	187.50
	Madeira	Village Nursi	ng and Rehab Si			1,404.00
			I	nvoice Total:	49.75	\$1,404.00

Please Send Payments to:

Please 3-erto, regimenta so: Dedicated funding Associate 10. Definion, PA 15826 Thank Too Fr Adwing Us the Privilege of Serving You! Thank Too Fr Adwing Us the Privilege of Serving You! All invoices that are past due per the terms of the contract will be charged interest at a rate of 1.5%



Dedicated Nursing Associates, Inc 6536 William Penn Hwy Rt 22, Suite 201 Delmont, PA 15626 (855) 349-6013

Madeira Village Nursing and Rehab 5970 Kenwood Road Cinconset, OH 45243

INVOICE

Terms PO Number

Date	Shift Worked	Temp	Dept.	Desc.	Rate	Units	Amount Due
06/26/19 Wed	02:30P - 10:30P	Highlander, Megan (STNA)	LTC	S2 Regular	25 00	7.50	187.50
06/24/19 Mon 06/25/19 Tue	06:30A - 02:30P	Masters, Rondia (STNA)	LTC	S1 Regular	25.00	7.50	187 50
06/25/19 Tue 06/26/19 Wed	06 30A - 02 30P	Masters, Rondia (STNA)		S1 Regular	25 00	7.50	187.50
06/25/19 Tue	06 30A - 02:30P 10 30P - 06:30A	Masters, Rondia (STNA)		\$1 Regular	25.00	7.50	187.50
00,23,13 (00	10 30F - 06.3UA	Walker, Tamara (STNA)		53 Regular	25.00	7.50	187.50
		Madeira Village Nursi:	ng and		rtotal: voice Tota	37.50	937.50

Please Send Payments to:
Dedicated Nursing Associates Inc.
6308 William Peni Hwy Rt 22, Suite 201
Delmont, Pa 15626
Delmont, Pa 15626
Thank You For Allowing Us the Privilege of Serving You!
All Invoices that are past due per the corns of the contract will be charged interest at a rate of 1.5%

Case 2:23-cv-01597-JFC-RAL Document 1-6 Filed 09/05/23 Page 109 of 153

DNA

Dedicated Nursing Associates, Inc 6536 William Penn Hwy Rt 22, Suite 201 Delmont, PA 15626 (855) 349-6013

Madeira Village Nursing and Rehab 5970 Kenwood Road Cinonnati, DH 45243

INVOICE

Date	Shift Worked	Temp	Dept.	Desc.	Rate	Units	Amount Due
07/05/19 Fr: 07/03/19 Wed	02:30P - 10:30P 10:30P - 06:30A	Baker, Tatyana (STNA) Carson, Arielle (STNA)		S2 Regular S3 Regular	25.00 25.00	8.00	200.00
07/03/19 Wed	06:30A - 02:30F	Clay, Santana (STNA)	iTC	53 Regular Holiday	37.50	1.50 6.50 7.50	
07/06/19 Sat	02:30P - 10:30P	Highlander, Megan (STNA) Walker, Tamara (STNA)	LTC	S2 Regular Weekend S3 Regular	26.00	7.50	195.00
		Wilson, Julie (LPN)		S3 Regular Holiday S5 Regular	37.50 38.00	1.50 6.00	37.50 225.00 446.50
		Madeira Village		ing and Rehab Sub		50.25	1,572.75

Please Send Payments to:
Declicate Nursing Associates 1nc
GSS william Penn Hay 91 22, Suite 201:
Delmont, PA 15626
Thank Tou for Allowing Us Use Privilege of Serving You!
Thank Tou for Allowing Use Privilege of Serving You!
All Invoices that are part the per the terms of the contract will be charged interest at a rate of 1,5%



Dedicated Nursing Associates, Inc 6536 William Penn Hwy Rt 22, Suite 201 Delmont, PA 15626 (855) 349-6013

Hadeira Village Nursing and Rehab 5970 Kerwood Road Cincinnati, OH 45243

INVOICE Invoice No. 162355 Date 07/26/2019 Page 1

Terms PO Number

Date	Shift Worked	Temp	Dept.	Desc.	Rate	Unita	Amount Due
07/16/19 Tue	06:30A - 02:30P	The state of the s		S1 Pegular		7.50	187.50
		Madeira Village Nur	sing an		btotal: voice Tota		187.50

Please Send Payments to:
Declosted Wursing Associates [Inc.
6536-Wikina Press Hay R 222, Sute 201
Delmont, PA 15626
Thank You Far Allowing Use the Privilege of Senong You.
All invoices that are past due per the terms of the contract will be charged interest at a rate of 1.5%

DNA

Dedicated Nursing Associates, Inc 6336 William Pern Hwy Rt 22, Suite 201 Delmont, PA 15626 (855) 349-6913

INVOICE Invoice No. 161942 Date 07/19/2019 Fage 1

Date	Shift	Temp	Dept.		Desc.	Rate	Units	Amount Due
37/11/19 Thu 37/11/19 Thu	10 30P - 06:30A	Baker, Tatyana (STNA)	LTC	53	Regular	25.00	8.00	200.00
07/11/19 Fri	10:30P - 06:30A 10:30P - 06:30A	Fant, Antonio (STNA)			Regular	25.00	7.50	187.50
	10,30F * 06 30A	Fant, Antonio (STNA)			Regular	25.00	7.50	187.50
		Madeira Village Nurs	ing an	d R		btotal: nvoice Tota	23.00	575.00 \$975.00

Please Send Payments to:
Dedicated Mursing Associates Fic.
SSIS William Penn wer R122, Suite 201
Defmost, Pa 15825
Defmost, Pa 15825
Thank tour for Allowing Us the Physioge of Serving You!
Thank tour for Allowing Us the Physioge of Serving You!
All invokes that are past the part the terms of the contract will be charged interest at a rate of 1.5%

Dedicated Nursing Associates, Inc.

6536 William Penn Hwy Rt 22 Suite 201

Delmont, PA 15626

Bill To	
Madiera Village Nursing and Rehab 5970 Kenwood Road Cincinnati, OH 45243	

Invoice

Project

\$89,94

Date	Invoice #
9/1/2019	3068i

entity	Description	Rate	Amount
1.319 Invoice #160284		0.0	5 19.79
1,404 Invoice#160639		0.0	15 21.06
937.5 Invoice #160990		0.0	5 14.06
1,572.75 Invoice #161330		0.0	
575 Invoice #161912		0.01	
187.5 Invoice #162355		0.01	2.81
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P.O. No.

Terms

Total

Case 2:23-cv-01597-JFC-RAL Document 1-6 Filed 09/05/23 Page 110 of 153

Dedicated Nursing Associates, Inc. 6536 William Penn Hwy Rt 22 Suite 201 Delmont, PA 15626

Date Invoice # 10/1/2019 3207i

Invoice

Dedicated Nursing Associates, Inc. 6536 William Penn Hwy Rt 22 Suite 201 Delmont, PA 15626

Bill Yo

Invoice

Date	Invoice #
10/1/2019	3207i

70 Kenwood Road	Madiera Village Nursing and Rehab	
	5970 Kenwood Road	
Incinnati. OH 45243	Cincinnati. OH 45243	

		P.O. No.	Terms		Project
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Quantity	De	escription	Rate		Amount
1.319	Invoice #160284			0.015	19.7
	Invoice #160639		Į.	0.015	21.0
937.5	Invoice #160990			0.015	14.0
	Invoice #161330			0.015	23.5
	Invoice #161942 Invoice #162355			0.015	8.6
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Dedicated Nursing Associates, Inc. 6536 William Penn Hwy Rt 22 Suite 201 Delmont, PA 15626 Statement
Date
10/8/2019

Amount Enc

Balance

\$6,176.98

\$91.29

Total

Amount Due

\$6,176.98

Amount

0.00

To:
Madirra Village Nursing and Reheb
5970 Kenrood Road
Cincinnati, OH 45243

Date

91.29

89.94

2,335.25

| NV #16928 | Duc 0721/3019 Orig. Amount \$1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,319.00 | 1,

EXHIBIT 19

Sign Envelope ID: 91841F4E-2EF9-4451-88A3-8898848EAAB)

ADMINISTRATIVE LINK

For the purpose of facilitating the services contemplated by this Agreement, Contractor and DNA each shall designate an administrative employee to be available for such purpose.

COMPENSATION (TIME RECORDS)

Contractor shall compensate DNA for its services in accordance with the schedule set forth in Exhibit "A" hereto, which is incorporated by reference and made part of this Agreement. For the purpose of compensation, DNA shall submit documentation in the form of time records for the services provided to Contractor. Contractor, or its authorized representative, shall be responsible for verifying that the time records are accurate.

- SCHEDULING AND SUBSTITUTE STAFF
 Contractor must immediately notify DNA of any changes to the agreed upon staffing schedule for Employees. Contractor is not authorized to accept a schedule change that is only discussed with an Employee and not approved in advance by DNA. If the schedule change results in the Employee working fewer hours than scheduled, failure to give notice to and receive consent from DNA may result in a charge for the originally scheduled hours. If a schedule change results in an Employee working over forty (40) solutions in a scientific range results in an Employee working over tony (40) hours in one week for DNA, and if there is no agreement to the contrary. Contractor will be charged the overtime billing rate for any hours that were not approved in advance by DNA for the Employee.
- B. DNA shall use its best efforts to replace regularly scheduled staff that are unavailable on a given day due to an illness or paid time off, or because of an emergency, vacation or holiday; however, DNA cannot guarantee that it can or will provide substitute staff.

HIRING OF EMPLOYEES BY CONTRACTOR AND CONVERSION FEE

Contractor may wish to employ directly an Employee who has been supplied by DNA. In the event of such a conversion to the employ of Contractor or to another employer to whom Contractor refers such Employee, Contractor agrees to pay a conversion fee. The conversion fee is \$15,000.00 for an RN, \$12,000.00 for an LPN, \$9,000.00 for a CNA and \$9,000.00 for a HAA or NA. The conversion fee will be reduced by \$200.00 for each 40 hours of weekly services performed while on assignment to the Contractor, however in no event will there be any less than a \$6,000.00 conversion fee for any position. The same calculation will be used if Contractor converts a DNA Employee to part-time status. Again, the conversion fee will not be less than \$6,000,00

A. The conversion fee is payable if Contractor hires the DNA Employee assigned, regardless of the employment classification, on either a permanent, temporary (including temporary assignments through another agency) or consulting basis within six (6) months after the last day of the assignment. Contractor also agrees to pay a conversion fee if the DNA Employee assigned to Contractor is hired by a subsidiary, other related company or any other entity or business as a result of referral of the Employee by Contractor.

MEDICAL STAFFING AGREEMENT

THIS MEDICAL STAFFING AGREEMENT ("Agreement"), made this 14th day of January, 2019, between DEDICATED NURSING ASSOCIATES, INC. ("DNA"), a Pennsylvania corporation having a place of business at 6536 William Penn Highway Rt. 22, Suite 202, Delmont, Pennsylvania 15626.

A N D

Mayfield Heights Healthcare ("Contractor"), having its principle place of business at 6757 Mayfield Road, Mayfield Heights, Ohio 44124.

WHEREAS, DNA is in the business of providing registered nurses, licensed practical nurses, certified nursing aides, home health aides and other medical professionals ("Employee" or "Employees") with particular skills and experience; and

WHEREAS, Contractor is in need of personnel with the skill and experience provided by

NOW, THEREFORE, in consideration of the covenants contained herein and intending to be legally bound, the parties hereby agree as follows:

EMPLOYEES TO BE PROVIDED

The Employees to be provided include, but are not limited to, the following: RN's, LPN's, CNA's, HHA's and NA's.

QUALIFICATIONS OF EMPLOYEES

DNA will ensure that Employees to be provided shall possess the qualifications required to perform the work for which they are contracted to provide in their particular field of practice. They shall also possess the required qualifications in the areas of education, certification, license, Physical and Mantoux test and criminal clearances, as required.

DNA AS EMPLOYER

Contractor shall not be responsible for payment of wages, salaries, and other compensation, fringe benefits, unemployment insurance, workers' compensation, social security, or other payroll taxes for staff provided to Contractor by DNA. Further, DNA shall be the employer of all persons it furnishes to Contractor.

EXPENSES

Contractor shall be responsible for all expenses incurred by DNA Employees relating to patient care (by way of example only, gloves) while on assignment to Contractor under this

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COMPLIANCE WITH APPLICABLE LAW

DNA and Contractor shall comply with the Fair Labor Standards Act, the Occupational Safety and Health Act ("OSHA"), Inmigration Reform and Control Act, the Uccupational Portability and Accountability Act ("HIPAA"), and all other applicable federal, state, and local statutes, laws, ordinances, regulations and standards including, but not limited to, equal employment opportunity, civil rights, anti-discrimination, wage and hour, privacy and Joint Commission, whether as presently enacted or as hereafter amended. Notwithstanding the above, it is agreed that Contractor is primarily responsible for compliance with OSHA and comparable it is agreed that contractor is primarily responsible to compliance and regulations apply to Employees assigned to Contractor. This responsibility includes, but is not limited to, required information and training in site-specific protocols, the facility exposure control plan and available personal protective equipment. Contractor will maintain documentation regarding training and related obligations hereunder, and make this documentation available to DNA upon request. Contractor will provide post-exposure evaluation and follow-up in accordance with OSHA standards.

CONFIDENCE OF INFORMATION

- A Contractor shall keep in confidence all information relating to the methods of operations, trade secrets, business plans, business opportunities, finances, strategic planning and development, research, development, personnel data, recruiting, compensation, billing, and all other confidential knowledge, data and information related to the business and affairs of DNA that may be acquired in furtherance of the relationship contemplated by this Agreement. During and after the term of this Agreement, Contractor shall not, without the prior written consent of DNA, publish, communicate, divulge or disclose any such information.
- B. The parties hereto agree to comply with any and all federal or state laws or regulations that have or may become effective during the term of this Agreement, including, but not limited to HIPAA and any amendments, rules and regulations promulgated thereunder. The parties further agree to execute any additional documents that may be required under HIPAA, including, but not limited to, a Business Associates Agreement.

INDEMNIFICATION

DNA and Contractor shall indemnify, hold harmless, and, upon request, defend the other party and their respective subsidiaries, affiliates, directors, officers, employees, agents and independent contractors, from and against all liens, claims, charges, causes of action of any type, whether in law or equity, liabilities, damages, losses and expenses including, but not limited to, interest, penalties, reasonable attorney's fees and costs of suit, arising out of or in connection with their own acts or omissions, whether in whole or in part, relating to their obligations pursuant to

12. PROFESSIONAL LIABILITY INSURANCE
Each party to this Agreement shall obtain, at its own cost, professional liability insurance covering its own act or omissions. Each shall maintain such insurance in amounts not less than Two Million (\$2,000,000.00) Dollars per occurrence and Six Million (\$6,000,000.00) Dollars annual aggregate.

GENERAL LIABILITY INSURANCE

Contractor shall maintain accident and general liability insurance covering the premises where DNA Employees will perform services hereunder, as well as any Contractor owned or leased vehicles that DNA Employees may use in the course of their work pursuant to this Agreement. Upon request of DNA, Contractor shall provide a copy of all insurance policies demonstrating compliance with this paragraph.

- 14. INDEPENDENT STATUS

 A. In the performance of their respective duties under this Agreement, DNA and Contractor shall remain independent contracting entities, and neither shall be deemed to be the employer or employee of the other for any purpose whatsoever. The relationship between the parties shall at all times be that of independent contractors. No provision of this Agreement is intended to, or shall be construed, to render one party an employee, servant or partner of the other.
- B. In the event that the Internal Revenue Service or another government agency questions or challenges the independent contractor status of either DNA or Contractor, both DNA and Contractor, upon receipt by either of them of notice from the Internal Revenue Service or other government agency, shall promptly notify and afford the other party the opportunity to participate in any discussion or negotiation with the Internal Revenue Service or other government agency, irrespective by whom such negotiations were initiated, to the extent permitted by the Internal Revenue Service or other government

COMMUNICATION WITH STAFF

Contractor shall not communicate directly with DNA Employees outside of the assignment All communications regarding staff scheduling with DNA Employees, whether written, verbal, or in person, shall be relayed through DNA unless otherwise agreed to in writing by both parties. See also paragraph 7.A. hereof.

NO SOLICITATION BY CONTRACTOR

During the term of this Agreement, Contractor shall not solicit or attempt to solicit, either directly or indirectly, the business or trade of DNA for Contractor's benefit or the benefit of any other person or entity to the exclusion of DNA, nor shall Contractor request or allow anyone to do

INJUNCTIVE RELIEF

In addition to all other available remedies in the event of a breach of this Agreement, DNA, as the aggrieved party, shall be entitled to immediate injunctive relief to prevent the irreparable harm which will result in the absence of such relief.

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ADDITIONAL LIMITATIONS/REQUIREMENTS

- A. Contractor agrees that it will not entrust any Employee with unattended premises, cash, checks, keys, credit cards, merchandise or other valuables without prior, express permission from DNA
- B. Contractor will not request or permit any Employee to use any vehicle, regardless of ownership, in connection with the performance of services for Contractor, without prior, express permission from DNA.

NON-DISCRIMINATION

Both DNA and Contractor agree that they will abide by all federal, state, and applicable laws regarding the prohibition of discrimination in the provision of services on the basis of race, sex, religion, creed, disability, ancestry, national origin, sexual preference or age.

NO WAIVER

No course of dealing or failure of either party to strictly enforce any term, right or condition of this Agreement shall be construed as a waiver of such term, right, or condition relating to any

SURVIVAL OF OBLIGATIONS

Contractor's obligations under this Agreement which by their nature would continue beyond the termination, cancellation, or expiration of this Agreement, shall survive termination, cancellation or expiration of the Agreement.

NO GENERAL INVALIDITY

If any of the provisions of this Agreement are judicially declared invalid or unenforceable, such invalidity or unenforceability shall not invalidate or render unenforceable the entire Agreement, and this Agreement shall be construed as if not containing the particular invalid or unenforceable provision or provisions.

DISASTERS AND RELATED EVENTS

Neither DNA nor Contractor shall be liable for failure to perform hereunder due to contingencies beyond either of their reasonable control including, but not limited to, strikes, riots, war, fire, acts of God or natural disasters, accidents, mechanical failures not caused by the fault or neglect of DNA or Contractor, compliance with any law, regulation, or order of the United States of America or any state, governmental body, or any instrumentality thereof, whether now existing

ASSIGNMENT/SUCCESSORS AND ASSIGNS

A. Contractor shall not assign or delegate its rights, duties and obligations under this Agreement, either in whole or in part, or any monies due or to become due hereunder without the prior written consent of DNA, which shall not be unreasonably withheld. Any such assignment without the prior written consent of DNA shall be absolutely invalid. DNA may in its discretion, assign this Agreement in whole or in part to its subsidiaries, or affiliated corporations.

FLOATING POLICIES AND COMPETENCE

Floating refers to the reassignment of Employees, where the Employee's job functions differ from specified requirements. With the express, written permission of DNA, Contractor may float one or more Employees that are within the scope of the Employee's clinical expertise, Joint Commission standards, and to which they have been fully oriented. Contractor shall pay to DNA the agreed upon rate under these circumstances.

ORIENTATION POLICIES

Contractor will require Employees furnished under this Agreement to review Contractor's fire and disaster, infection control and no-lift policies prior to placement.

20. SUBCONTRACTING
DNA, at its sole discretion, may contract with one or more persons or entities for the performance of DNA's services covered by this Agreement, provided the contract shall not relieve DNA of its obligations and liability under this Agreement. Any individual provided under such a subcontracting arrangement shall be deemed an "Employee" solely for purposes of this Agreement.

INCIDENT, ERROR TRACKING SYSTEM

DNA has a system for reporting, tracking, and documenting unexpected incidents. When any Employee is involved in medication and/or documentation errors, unanticipated deaths, patient incidents, injuries, safety hazards related to the care and services provided, occupational illnesses, or security incidents including incidents of property damage or theft, the Employee and Contractor shall immediately report the incident to DNA, as DNA requires documentation to insure continued patient safety

ADDITIONAL REPORTING OBLIGATIONS OF CONTRACTOR

- A. Contractor shall also immediately report to DNA any employment-related concerns, problems or issues with any Employee supplied by DNA, including any Employee report made directly to Contractor.
- B. If Contractor reasonably believes that any Employee assigned by DNA is incompetent, negligent or has engaged in misconduct, Contractor may require such Employee to leave its premises and shall inform DNA of this action immediately. Contractor's obligation to compensate DNA for the Employee's services shall be limited to the hours actually worked by such Employee; however, any action taken by Contractor in this regard must be based upon a reasonable, good faith belief by Contractor that the Employee must in fact be removed from the premises immediately.

 C. Contractor is responsible to determine the adequacy of each Employee's job
- Contractor telemines that the Employee's performance is unsatisfactory, Contractor will notify DNA of specific deficiencies in writing in circumstances other than those requiring immediate removal from the premises.

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- B. This Agreement shall be binding upon any and all successors and assigns of Contractor In the event of a potential asset, stock or other sale of Contractor, Contractor and/or any or all of its agents and representatives (including, but not limited to brokers) shall have an affirmative duty to notify the potential buyer through the due diligence process or otherwise of the binding nature of this Agreement and that it is binding on all successors and assigns of Contractor. Contractor shall also notify DNA of the pendency of any transaction contemplated herein and shall provide DNA with reasonable notice thereof so that DNA may assert all rights it has under this Agreement, including, but not limited to, those referenced in Sections 29.A., 11 and 17 hereof.
- C. To the extent Contractor breaches any part of this Section 29, the Indemnification provisions of Section 11 hereof shall be fully enforced by DNA against Contractor. It expressly is understood that liability to DNA shall not be limited to booked but unworked shifts.

CHANGES TO AGREEMENT

Any changes to this Agreement shall be effective only if mutually agreed upon in writing by duly authorized representatives of the parties. This Agreement shall not be modified or supplemented, or any rights, duties or obligations of a party in it waived, except by such a writing.

FINAL AGREEMENT: SURVIVABILITY OF TERMS

This Agreement represents the entire agreement between the parties. It supersedes and voids all contract terms contained in any earlier agreements between the parties. There are no other oral or written agreements between the parties supplemental or contrary to this Agreement. If any provision hereof shall be held unenforceable, the remaining provisions shall be given full force and effect.

TERM OF AGREEMENT AND TERMINATION

The term of this Agreement shall be from January 2019 to January 2020, and will automatically renew on an annual basis if not revised by agreement of each party or terminated. Either party may terminate this Agreement for any lawful reason by sending the other written notice of termination at least thirty (30) days before the date of termination. Such termination shall not be a waiver of any right to pursue damages for a pre-existing breach. The parties herein shall deal with each other in good faith during the thirty (30) day period after which any notice of intent to terminate without cause has been given.

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DocuSion Envelope ID: 91R41F4F-2FF9

Any notice given pursuant to this Agreement shall be given by personal delivery, prepaid telegram, telecopy, overnight delivery service postage prepaid, registered or certified mail, with return receipt requested, directed to the parties at the following addresses:

Dedicated Nursing Associates, Inc.:

6536 William Penn Highway Rt 22

Suite 202

Delmont, Pennsylvania 15626

Centractor: 6757 Mayfield Road

Mayfield Heights, Ohio 44124

CHOICE OF LAW/VENUE

This Agreement shall be governed by and construed in accordance with the laws of the Commonwealth of Pennsylvania, without reference to any conflicts of law principles thereof. In addition, any claims brought hereunder shall first attempted to be mediated informally by the parties. In the event mediation is unsuccessful, then any litigation brought hereunder must be brought in the Court of Common Pleas of Westmoreland County, Pennsylvania, or the U.S. District Court for the Western District of Pennsylvania, to the extent federal law or federal diversity jurisdiction would apply.

35. EXECUTION

This Agreement is executed by duly authorized officers, employees or agents of the parties on the dates below, and with the intent to be legally bound hereby

	Dedicated Nursing Associate	s. Inc.:		
Ву:	Julistic Reside	Title:	Account Representative	Dated: 1/14/2019
Ву:	Malison Brown	Title:	Account Representative	Dated: 1/14/2019
[Autho	rized Papersontatives]			
	Contractor:			
Entity:	Mayfield Hts. Healthcare			
By:	Tiara Binins	Title:	LNHA	Dated: 1/14/2019
[Autho	rised Representative)			-

[Electronic signature/verification has the same legal significance as writing].

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Exhibit A

Per-Diem Rates	Weekday	Weekend
a. State Tested Nursing Assistant	\$27.00/Hr	\$30.00/Hr
b. Licensed Practical Nurse	\$40.00/Hr	\$43.00/Hr
c. Registered Nurse	\$50.00/Hr	\$53.00/Hr
Contract Assignment Rates		
a. State Tested Nursing Assistant	\$35.00/Hr	\$38.00/Hr
b. Licensed Practical Nurse	\$48.00/Hr	\$51.00/Hr
c. Registered Nurse	\$58.00/Hr	\$61.00/Hr

- * Travel/Contract Assignments are typically (13) thirteen weeks in duration, however never less than (4) four weeks and encompass all costs, e.g. lodging and travel.

 Any new service not listed will be added by an addendum attachment.
- ** Specialty is considered any unit outside of Long Term Care, Med/Surg, Telemetry. All Registered Nurses that have management functions (floor manager, unit manager, etc) during their assignment will also be considered specialty.

Weekend Bill Rates

Contractor agrees to pay the weekend bill rates for the following days and shifts worked:

Saturday- 7:00 am-3:00 pm

3:00 pm-11:00 pm 11:00 pm-7:00 am

· Sunday-

7:00 am-3:00 pm 3:00 pm-11:00 pm

11:00 pm-7:00 am

Holiday Policy

The following days will be billed at 1 1/2 the hourly rate:

- New Year's Eve 3:00 p.m. through New Year's Day
- Martin Luther King Jr. Day
- Easter Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Christmas Eve 3:00 p.m. through Christmas Day

Dedicated Nursing Associates, Inc. Contract Forms	DNA	
DNA Contract Compliance	DNA	
10,534	Document Number: Effective Date: 01/13/2016	
Document Title:		
Joint Commission Compliance Form	Revision Date:	
	Approved By: D.R./C.W.	
	Page Number: Page 9 of 9	

Dedicated Nursing Associates, Inc. (DM), as a Jaint Commission contified organization, we expectage our claim's to

- Provide an animateria and braiding program to such health peen problement at the time of fem.

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Ney cliest of Debicated Number Janasciana, Inc. is encouraged on report a complaint or current to the Jaint Commission within Al calendar days of the event's) giving rise to the complaint. You way contact the Jaint Commission by

http://www.instantension.org/EurersPublic/Complians/ Office of Quality Monitoring

Be Joint Commission One Remaissance Boulevar Daternal Torrace & SIR

1/14/2019

Tiana Bivins hhistes

1/14/2019

9

DocuSign Envelope ID: 91841F45-2EF9-4451-98A3-9898846EAAB3

Training/Orientation

Contractor agrees to pay for all orientation/training hours.

Signed time cards that authorize a paid lunch break will be billed to the Contractor.

Overtime Policy

Any hours exceeding 40 hours in single payroll week (Sunday through Saturday) will be billed at time and a half (1 1/2)

Cancellation Policy for Per Diem Personnel

· Per Diem: Any shift that is cancelled with less than two (2) hours notice will result in a four (4) hour billing charge

Cancellation Policy for Travel/Contract Assignment:

 Travel/Contract Assignments are guaranteed. If cancelled (for any reason), weeks agreed upon will be billed in full. If an employee works part of the assignment, that time and the unworked portion will also be billed. The billed time is not to exceed agreement unless an extension is required and documented. Minimum contract assignments are four (4) weeks.

Interest: Any invoice beyond 30 days past due will be charged interest at a rate of 1.5%.

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CONTACT CHECKLIST

Point of Contact	
Administrator: Name: Tiara Bivins E-mail: tbivins@boulderhealthcare.com Phone: 440-473-0090	DON: Name: Debbie Pratt E-mail: dpratt@boulderhealthcare.com Phone: 440-473-0090
Scheduler/Staffing Coordinator: Name: Quiana Tolliver E-mail: Qtolliver@boulderhealthcare.com Phone: 216-609-9887	Other: n/a

Type of Facility: SNF/LTC	
Size/Number of Beds: 150	
Main Need (Discipline): STNAS	
Currently Using Agency? yes	

- 1 Who (ex: OR Nurse, ER Nurse, Med Tech, Telemetry, Nurse Aide etc.)?
- 2 What (ex: education requirements, clinical requirements, specific years of experience, male or female, height requirements etc.)?
- 3 When (ex: length of assignment, specific schedule/days, start date etc.)?
- 4 Where (ex: if multiple locations/wings, where is the help needed)?



Dedicated Nursing Associates, Inc 6536 William Penn Hwy Rt 22, Suite 201 Delmont, PA 15626 (855) 349-6313

Boulder Healthcare - Mayfield Heighes Healthcare 6757 Mayfield Road Mayfield Heights , OH 44124

INVOICE

\$320.00

40.00 8.00 8.00 320.00

Please Send Payments to:
Decitated Nursing Associates Inc.
6035 William Penn Hwy R 12.3, Suite 201
Defmont, PA 15625
Thank You For Allowing Us the Phyllege of Serving You!
All Invoices that are past due per the terms of the contract will be charged interest at a rare of 1.5%.

Billing Information

Billing/Involce	
Contact Name: Jenny wilson	Title: Business Office Manager
Phone Number: 440-473-0090	E-mail Address: jwilson@boulderhealthcare.com

	on: Boulder Healt			
Company Billing Name: N				
Billing Address: 6757 Mayfi	eld Rd. Mayfield	Hts., OH 44124		
nvoicing Preference:	(×) E-mail		() Mail
Payment Preference:	() ACH	(x) Check	() Credit
Card				
OT Rate: time and 1/2		ŀ	loli	day Rate: time and 1/2
MSP/VMS fee (if applical	blel: ^{na}			
	======================================			
Administrative fees (if an	plicable) & Spe	cial billing re	qui	irements:
a				
).

13

Case 2:23-cv-01597-JFC-RAL Document 1-6 Filed 09/05/23 Page 115 of 153

DNA

Dedicated Nursing Associates, Inc 6536 William Penn Hwy Rt 22, Suite 201 Delmont, PA 15626 (855) 349-6033

Boulder Healthcare - Mayfield Heights Healthcare 6757 Mayfield Road Nayfield Heights OH 44124

INVOICE Invoice No. 16:390 Date 07/12/2019 Page:

Terms PO Number

 Date
 Shift Worked
 Temp
 Dept.
 Desc.
 Rate
 Units
 Amount Due

 04/22/19 Mon
 03:00P - 11:30P
 Tan, Kean (LPN)
 LTC
 52 Regular
 40:00
 8:00
 320:00

 Boulder Healthcare - Mayfield Heights Healthcare Subtotal
 8:00
 320:00

 1 myoice Total: 8:00
 8:32:00

Please Send Payments to:
Designate Nursing Associates Inc.
6536 william Front Hym R1 22, Suite 201
Delmont, R4 15526
Thank You far Allowing is the Privilege of Serving You!
All Involves that are past due per the terms of the contract will be charged interest at a race of 1,5%

EXHIBIT 21

Dedicated Nursing Associates. Inc.

6536 William Penn Hwy Rt 22 Suite 201

Delmont, PA 15626

Bill To	
Mayfield Heights Heathcare 6787 Mayfield Road Mayfield Heights, OH 44124	11

Invoice

Date	Invoice #
100.0000	

		P.O. No.	Terms	Project
			Net 30	
Quantity	Description		Rate	Amount
Stating of the we	eck of 630/19-7/6/19		0.6	0.0
	Company Committee		Total	

Dedicated Nursing Associates, Inc. 6536 William Penn Hwy Rt 22 Suite 201 Delmont, PA 15626 Statement

Date
10/8/2019

To

May field Heights Healthcure
6757 May field Raud

May field Heights, OH, 44124

			-	Amount Due	Amount Enc.
				\$320.02	
Date	Transaction			Amount	Balance
07/12/2019 10/01/2019	INV#161390. Due 08/11/26 INV#3208i. Due 10/31/201	119. Orig. Amount \$320.0 9. Orig. Amount \$0.02.	0.	320.00 6.02	320 (320 (
CURRENT	1-30 DAYS PAST DUE	31-60 DAYS PAST DUE	61-90 DAYS PAST DUE	OVER 90 DAYS PAST DUE	Amount Due

EXHIBIT 22

ADMINISTRATIVE LINK

For the purpose of facilitating the services contemplated by this Agreement, Contractor and DNA each shall designate an administrative employee to be available for such purpose.

COMPENSATION (TIME RECORDS)

Contractor shall compensate DNA for its services in accordance with the schedule set forth in Exhibit "A" hereto, which is incorporated by reference and made part of this Agreement. For the purpose of compensation, DNA shall submit documentation in the form of time records for the services provided to Contractor Contractor, or its authorized representative, shall be responsible for verifying that the time records are accurate.

SCHEDULING AND SUBSTITUTE STAFF

- A Contractor must immediately notify DNA of any changes to the agreed upon staffing schedule for Employees. Contractor is not authorized to accept a schedule change that is only discussed with an Employee and not approved in advance by DNA. If the schedule change results in the Employee working fewer hours than scheduled, failure to give notice to and receive consent from DNA may result in a charge for the originally schedule thours. If a charge the schedule changes are the first processing the schedule changes are the schedule scheduled hours. If a schedule change results in an Employee working over forty (40) hours in one week for DNA, and if there is no agreement to the contrary, Contractor will be charged the overtime billing rate for any hours that were not approved in advance by DNA for the Employee.
- B. DNA shall use its best efforts to replace regularly scheduled staff that are unavailable on a given day due to an illness or paid time off, or because of an emergency, vacation or holiday; however, DNA cannot guarantee that it can or will provide substitute staff.

HIRING OF EMPLOYEES BY CONTRACTOR AND CONVERSION FEE

Contractor may wish to employ directly an Employee who has been supplied by DNA. In the event of such a conversion to the employ of Contractor or to another employer to whom Contractor refers such Employee, Contractor agrees to pay a conversion fee. The conversion fee is \$15,000.00 for an RN, \$12,000.00 for an LPN, \$9,000.00 for a CNA and \$9,000.00 for a HHA or NA. The conversion fee will be reduced by \$200.00 for each 40 hours of weekly services performed while on assignment to the Contractor, however in no event will there be any less than a \$6,000.00 conversion fee for any position. The same calculation will be used if Contractor converts a DNA Employee to part-time status. Again, the conversion fee will not be less than

A. The conversion fee is payable if Contractor hires the DNA Employee assigned, regardless of the employment classification, on either a permanent, temporary (including temporary assignments through another agency) or consulting basis within six (6) months after the last day of the assignment. Contractor also agrees to pay a conversion fee if the DNA Employee assigned to Contractor is hired by a subsidiary, other related company or any other entity or business as a result of referral of the Employee by Contractor

MEDICAL STAFFING AGREEMENT

THIS MEDICAL STAFFING AGREEMENT ("Agreement"), made this Ls day of March 2019, between DEDICATED NURSING ASSOCIATES, INC. ("DNA"), a Pennsylvania corporation having a place of business at 6536 William Penn Highway Rt. 22, Suite 202, Delmont, Pennsylvania 15626,

Waterville Healthcare ("Contractor"), having its principle place of business at 8885 Browning Drive, Waterville, Ohio 43566.

WHEREAS, DNA is in the business of providing registered nurses, licensed practical nurses, certified nursing aides, home health aides and other medical professionals ("Employee" or "Employees") with particular skills and experience; and

WHEREAS, Contractor is in need of personnel with the skill and experience provided by DNA

NOW, THEREFORE, in consideration of the covenants contained herein and intending to be legally bound, the parties hereby agree as follows:

EMPLOYEES TO BE PROVIDED

The Employees to be provided include, but are not limited to, the following: RN's, LPN's, CNA's, HHA's and NA's.

QUALIFICATIONS OF EMPLOYEES

DNA will ensure that Employees to be provided shall possess the qualifications required to perform the work for which they are contracted to provide in their particular field of practice. They shall also possess the required qualifications in the areas of education, certification, license, Physical and Mantoux test and criminal clearances, as required.

DNA AS EMPLOYER

Contractor shall not be responsible for payment of wages, salaries, and other compensation, fringe benefits, unemployment insurance, workers' compensation, social security, or other payroli taxes for staff provided to Contractor by DNA. Further, DNA shall be the employer of all persons

EXPENSES

Contractor shall be responsible for all expenses incurred by DNA Employees relating to patient care (by way of example only, gloves) while on assignment to Contractor under this

9. COMPLIANCE WITH APPLICABLE LAW DNA and Contractor shall comply with the Fair Labor Standards Act, the Occupational Safety and Health Act ("OSHA"), Immigration Reform and Control Act, the Health Insurance Portability and Accountability Act ("HIPAA"), and all other applicable federal, state, and local statutes, laws, ordinances, regulations and standards including, but not limited to, equal employment opportunity, civil rights, anti-discrimination, wage and hour, privacy and Joint Commission, whether as presently cracted or as hereafter amended. Notwithstanding the above, it is agreed that Contractor is primarily responsible for commissions with OSHA and commorbile. Commission, whether as presently enacted or as hereafter amended. Notwithstanding the above, it is agreed that Contractor is primarily responsible for compliance with OSHA and comparable state laws and regulations thereunder, to the extent those laws and regulations apply to Employees nasigned to Contractor. This responsibility includes, but is not limited to, required information and training in site-specific protocols, the facility exposure control plan and available personal protective equipment. Contractor will maintain documentation regarding training and related obligations hereunder, and make this documentation available to DNA upon request. Contractor will provide post-exposure evaluation and follow-no in accordance with OSHA standards. will provide post-exposure evaluation and follow-up in accordance with OSHA standards

CONFIDENCE OF INFORMATION

- 10. CONFIDENCE OF INFORMATION
 A. Contractor shall keep in confidence all information relating to the methods of operations, trade secrets, business plans, business opportunities, finances, strategic planning and development, research, development, personnel data, recruiting, compensation, billing, and all other confidential knowledge, data and information related to the business and affairs of DNA that may be acquired in furtherance of the relationship contemplated by this Agreement. During and after the term of this Agreement, Contractor shall not, without the prior written consent of DNA, publish, communicate divulge or disclose any such information. communicate, divuige or disclose any such information.
- B. The parties hereto agree to comply with any and all federal or state laws or regulations that have or may become effective during the term of this Agreement, including, but not limited to HIPAA and any amendments, rules and regulations promulgated thereunder. The parties further agree to execute any additional documents that may be required under HIPAA, including, but not limited to, a Business Associates Agreement.

INDEMNIFICATION

DNA and Contractor shall indemnify, hold harmless, and upon request, defend the other DIVE and contractor shall informity, note natmiess, and, upon request, detend the other party and their respective subsidiaries, affiliates, directors, officers, employees, agents and independent contractors, from and against all liens, claims, charges, causes of action of any type, whether in law or equity, liabilities, damages, losses and expenses including, but not limited to, interest, penalties, reasonable attorney's fees and costs of suit, arising out of or in connection with their own acts or omissions, whether in whole or in part, relating to their obligations pursuant to

PROFESSIONAL LIABILITY INSURANCE

Each party to this Agreement shall obtain, at its own cost, professional liability insurance covering its own act or omissions. Each shall maintain such insurance in amounts not less than Two Million (\$2,000,000.00) Dollars per occurrence and Six Million (\$6,000,000.00) Dollars annual aggregate

GENERAL LIABILITY INSURANCE

Contractor shall maintain accident and general liability insurance covering the premises where DNA Employees will perform services bereauder, as well as any Contractor owned or leased vehicles that DNA Employees may use in the course of their work pursuant to this Agreement. Upon request of DNA, Contractor shall provide a copy of all insurance policies demonstrating compliance with this paragraph.

INDEPENDENT STATUS

- A. In the performance of their respective duties under this Agreement, DNA and Contractor shall remain independent contracting entities, and neither shall be deemed to be the employer or employee of the other for any purpose whatsoever. The relationship between the parties shall at all times be that of independent contractors. No provision of this Agreement is intended to, or shall be construed, to render one party an employee, servant or partner of the other
- B. In the event that the Internal Revenue Service or another government agency questions or challenges the independent contractor status of either DNA or Contractor, both DNA and Contractor, upon receipt by either of them of notice from the Internal Revenue Service or other government agency, shall promptly notify and afford the other party the opportunity to participate in any discussion or negotiation with the Internal Revenue Service or other government agency, irrespective by whom such negotiations were initiated, to the extent permitted by the Internal Revenue Service or other government

15. COMMUNICATION WITH STAFF
Contractor shall not communicate directly with DNA Employees outside of the assignment scope. All communications regarding staff scheduling with DNA Employees, whether written, verbal, or in person, shall be relayed through DNA unless otherwise agreed to in writing by both parties. See also paragraph 7.A. hereof.

NO SOLICITATION BY CONTRACTOR

During the term of this Agreement, Contractor shall not solicit or attempt to solicit, either directly or indirectly, the business or trade of DNA for Contractor's benefit or the benefit of any other porson or entity to the exclusion of DNA, nor shall Contractor request or allow anyone to do so on its behalf.

INJUNCTIVE RELIEF

In addition to all other available remedies in the event of a breach of this Agreement, DNA, as the aggreed party, shall be entitled to immediate injunctive relief to prevent the irreparable harm which will result in the absence of such relief.

ADDITIONAL LIMITATIONS/REQUIREMENTS

- A. Contractor agrees that it will not entrust any Employee with unattended premises, cash, checks, keys, credit cards, merchandise or other valuables without prior, express
- B. Contractor will not request or permit any Employee to use any vehicle, regardless of ownership, in connection with the performance of services for Contractor, without prior, express permission from DNA.

NON-DISCRIMINATION

Both DNA and Contractor agree that they will abide by all federal, state, and applicable laws regarding the prohibition of discrimination in the provision of services on the basis of race, sex, religion, creed, disability, ancestry, national origin, sexual preference or age.

NO WAIVER

No course of dealing or failure of either party to strictly enforce any term, right or condition of this Agreement shall be construed as a waiver of such term, right, or condition relating to any subsequent breach.

SURVIVAL OF OBLIGATIONS

Contractor's obligations under this Agreement which by their nature would continue beyond the termination, cancellation, or expiration of this Agreement, shall survive termination. cancellation or expiration of the Agreement

27. NO GENERAL INVALIDITY

If any of the provisions of this Agreement are judicially declared invalid or unenforceable, such invalidity or unenforceability shall not invalidate or render unenforceable the entire Agreement, and this Agreement shall be construed as if not containing the particular invalid or unenforceable provision or provisions.

DISASTERS AND RELATED EVENTS

28. <u>PISAS IERS AND RELATED EVEN.18</u>

Neither DNA nor Contractor shall be liable for failure to perform hereunder due to contingencies beyond either of their reasonable control including, but not limited to, strikes, riots, war, fire, acts of God or natural disasters, accidents, mechanical failures not caused by the fault or neglect of DNA or Contractor, compliance with any law, regulation, or order of the United States of America or any state, governmental body, or any instrumentality thereof, whether now existing or hereafter created.

ASSIGNMENT/SUCCESSORS AND ASSIGNS

A. Contractor shall not assign or delegate its rights, duties and obligations under this Agreement, either in whole or in part, or any monies due or to become due hereunder without the prior written consent of DNA, which shall not be unreasonably withheld. without the prior written consent of DNA, which shall not be already and assignment without the prior written consent of DNA shall be absolutely invalid. DNA may in its discretion, assign this Agreement in whole or in part to its subsidiaries, or affiliated corporations.

FLOATING POLICIES AND COMPETENCE

Floating rolers to the reassignment of Employees, where the Employee's job functions differ from specified requirements. With the express, written permission of DNA, Contractor may float one or more Employees that are within the scope of the Employee's clinical expertise, Joint Commission standards, and to which they have been fully oriented. Contractor shall pay to DNA the agreed upon rate under these circumstances.

ORIENTATION POLICIES

Contractor will require Employees furnished under this Agreement to review Contractor's fire and disaster, infection control and no-lift policies prior to placement.

20. SUBCONTRACTING

DNA, at its sole discretion, may contract with one or more persons or entities for the performance of DNA's services covered by this Agreement, provided the contract shall not relieve DNA of its obligations and liability under this Agreement. Any individual provided under such a subcontracting arrangement shall be deemed an "Employee" solely for purposes of this Agreement.

INCIDENT, ERROR TRACKING SYSTEM

DNA has a system for reporting, tracking, and documenting unexpected incidents. When any Employee is involved in medication and/or documentation errors, unanticipated deaths, patient incidents, injuries, safety hazards related to the care and services provided, occupational illnesses, or security incidents including incidents of property damage or theft, the Employee and Contractor shall immediately report the incident to DNA, as DNA requires documentation to insure continued patient safety

ADDITIONAL REPORTING OBLIGATIONS OF CONTRACTOR

- A. Contractor shall also immediately report to DNA any employment-related concerns, problems or issues with any Employee supplied by DNA, including any Employee report made directly to Contractor.
- B. If Contractor reasonably believes that any Employee assigned by DNA is incompetent, negligent or has engaged in misconduct, Contractor may require such Employee to leave its premises and shall inform DNA of this action immediately. Contractor's obligation to compensate DNA for the Employee's services shall be limited to the hours actually worked by such Employee; however, any action taken by Contractor in this regard must be based upon a reasonable, good faith belief by Contractor that the
- Employee must in fact be removed from the premises immediately.

 C. Contractor is responsible to determine the adequacy of each Employee's job performance. If Contractor determines that the Employee's performance is unsatisfactory, Contractor will notify DNA of specific deficiencies in writing in circumstances other than those requiring immediate removal from the premises.

- B. This Agreement shall be binding upon any and all successors and assigns of Contractor. In the event of a potential asset, stock or other sale of Contractor, Contractor and/or any or all of its agents and representatives (including, but not limited to brokers) shall have an affirmative duty to notify the potential buyer through the due diligence process or otherwise of the binding nature of this Agreement and that it is binding on all successors and assigns of Contractor. Contractor shall also notify DNA of the pendency of any transaction contemplated herein and shall provide DNA with reasonable notice thereofso that DNA may assert all rights it has under this Agreement, including, but not limited to, those referenced in Sections 29 A., 11 and 17 hereof.
- C. To the extent Contractor breaches any part of this Section 29, the Indemnification provisions of Section 11 hereof shall be fully enforced by DNA against Contractor. It expressly is understood that liability to DNA shall not be limited to booked but unworked shifts

CHANGES TO AGREEMENT

Any changes to this Agreement shall be effective only if mutually agreed upon in writing by duly authorized representatives of the parties. This Agreement shall not be modified or supplemented, or any rights, duties or obligations of a party in it waived, except by such a writing.

FINAL AGREEMENT: SURVIVABILITY OF TERMS

51. FINAL AGREEMENT: SURVIVABILITY OF TERMS.
This Agreement represents the entire agreement between the parties. It supersedes and voids all contract terms contained in any earlier agreements between the parties. There are no other oral or written agreements between the parties supplemental or contrary to this Agreement. If any provision hereof shall be held unenforceable, the remaining provisions shall be given full three and offer.

32. TERM OF AGREEMENT AND TERMINATION
The term of this Agreement shall be from March 2019 to March 2020, and will automatically renew on an annual basis if not revised by agreement of each party or terminated. automatically renew on an annual basis if not revised by agreement of each party or terminated. Either party may terminate this Agreement for any lawful reason by sending the other written notice of fermination at least thirty (30) days before the date of termination. Such termination shall not be a waiver of any right to pursue damages for a pre-existing breach. The parties herein shall deal with each other in good faith during the (hirty (30) day period after which any notice of iment to terminate without cause has been given.

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33. NOTICE

Any notice given pursuant to this Agreement shall be given by personal delivery, prepaid telegram, telecopy, overnight delivery service postage prepaid, registered or certified mail, with return receipt requested, directed to the parties at the following addresses:

Dedicated Nursing Associates, Inc. 6536 William Penn Highway Rt 22 Suite 202

Delmont, Pennsylvania 15626

<u>Contractor:</u> 8885 Browning Drive Waterville, Ohio 43566

CHOICE OF LAW/VENUE

This Agreement shall be governed by and construed in accordance with the laws of the Commonwealth of Pennsylvania, without reference to any conflicts of law principles thereof. In addition, any claims brought hereunder shall first attempted to be mediated informally by the parties. In the event mediation is unsuccessful, then any hitigation brought hereunder must be brought in the Court of Common Pieas of Westunordiand County, Pennsylvania, or the U.S. District Court for the Western District of Pennsylvania, to the extent federal law or federal diversity intridiction would apply. jurisdiction would apply.

EXECUTION

This Agreement is executed by duly authorized officers, employees or agents of the parties on the dates below, and with the intent to be legally bound hereby:

Dedicated	Nursing	Associates.	Inc.:
1 1 1			

By:	Title:	- X	Dated	
By: [Authorized Representatives]	Title:		_ Dated:	
Contractor:	-			
Entity Water ille Her	IAnco	are		1
By: [Authorized Representative]	_Title:	Admin stratal	Dated	3/5/19

[Electronic signature/verification has the same legal significance as writing].

8

Per-Diem Rates	Weekday	Weekend
a. State Tested Nursing Assistant	\$29.00/Hr	\$32.00/Hr
h. Licensed Practical Nurse	\$42.00/Hr	\$45,00/Hr
c. Registered Nurse	\$52.00/Hr	\$55.00/Hr
Contract Assignment Rates		
a. State Tested Nursing Assistant	\$36.00/Hr	\$39.00/Hr
b. Licensed Practical Nurse	\$49.00/Hr	\$52.00/Hr
c. Registered Nurse	\$59.00/Hr	\$62.90/Hr

^{*} Travel/Contract Assignments are typically (13) thirteen weeks in duration, however never less than (4) four weeks and encompass all costs, e.g. lodging and travel Any new service not listed will be added by an addendum attachment.

Weekend Bill Rates

Contractor agrees to pay the weekend bill rates for the following days and shifts worked

Saturday- 7:00 am-3:00 pm
 3.00 pm-11:00 pm

11:00 pm-7:00 am 7:00 am-3:00 pm Sunday-

3:00 pm-11:00 pm 11:00 pm-7:00 am

Holiday Policy

The following days will be billed at 1 1/2 the hourly rate:

- New Year's Eve 3:00 p.m. through New Year's Day
- Martin Luther King Jr. Day
- Easter Day
- Memorial Day Independence Day
- Labor Day
- Thanksgiving Day
- Christmas Eve 3:00 p.m. through Christmas Day

Contract Forms	DATA
DNA Contract Compliance	DNA
4 0. 20 0. AU AU AU AU BUWA	Document Number:
Document Title:	Effective Date: 01/13/2016
Joint Commission Compliance Form	Revision Date:
	Approved By: D.R./C.W.
	Page Number: Page 9 of 9

Delicated Hersing Associates, Inc. 1944, as a dried Consulation particled organization, we encourage our obserts to

- From the commentation and consequences and health core participation of the restablish.

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Destinated Museley Assessed

Exhibit A

Contractor agrees to pay for all orientation/training hours

Lunch Breaks

Signed time eards that authorize a paid lunch break will be billed to the Contractor

Overtime Policy

Any hours exceeding 40 hours in single payroll week (Sunday through Saturday) will be billed at time and a half (1 1/4).

Cancellation Policy for Per Diem Personnel

 Per Diem: Any shift that is cancelled with less than two (2) hours notice will result in a four (4) hour billing charge.

Cancellation Policy for Travel/Contract Assignment:

 Travel/Contract Assignments are guaranteed. If cancelled (for any reason), weeks
agreed upon will be billed in full. If an employee works part of the assignment, that
time and the unworked portion will also be billed. The billed time is not to exceed agreement unless an extension is required and documented. Minimum contract assignments are four (4) weeks.

Interest: Any invoice beyond 30 days past due will be charged interest at a rate of 1.5%.

CONTACT CHECKLIST

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^{**} Specialty is considered any unit outside of Long Term Care, Med/Surg, Telemetry. All Registered Nurses that have management functions (floor manager, unit manager, etc) during their assignment will also be considered specialty

Case 2:23-cv-01597-JFC-RAL Document 1-6 Filed 09/05/23 Page 119 of 153

Point of Contact	The same of the sa
Administrator: Name: LASTY White E-mail: lwhite bould chealthage Phone: 419-878-8523	DON: Name: Diana Nelsen Email: Doelsen@bouldehealthcare Phone: 414. 878-2523
Scheduler/Staffing Coordinator: Name: Brillany Besse	Other:
E-mail: bboose@boolderhealth a Phone: 419.878.8523	(1))

Type of Facility:	Na Term Care/Rehab
Size/Number of Beds:	126
Main Need (Discipline):	RN LPN STNA
Currently Using Agency?	125

- 1 Who (ex: OR Nurse, ER Nurse, Med Tech, Telemetry, Nurse Aide etc.)?
- 2 What (ex: education requirements, clinical requirements, specific years of experience, male or female, height requirements etc.)?
- 3 When (ex: length of assignment, specific schedule/days, start date etc.)?
- 4 Where (ex: if multiple locations/wings, where is the help needed)?

EXHIBIT 23

Billing Information

where the contract of the cont	Title: pdm.wistrator
Phone Number: 419-878-8523	and the formation of the first
	E-mail Address:
	Twhite boulderhealth care.
Corporate Group Affiliation: Bould	& Healthcase
Company Billing Name: Boulder	Healthcase
Billing Address: 544 Enterocise	De Lewis Centre EDH 430
nvoicing Preference: () E-mail	(≫ Mail
Payment Preference: () ACH	Check () Credit
Card	
OT Rate:	Holiday Rate:
MSP/VMS fee (if applicable):	
Administrative fees (if applicable) & Spec	ial billing requirements:

13

DNA

Dedicated Nursing Associates, Inc 6836 William Penn Hwy. Rt 22, Suite 201 Delmont, PA 15626 (685) 349-6013

Date	Shift Worked	Temp	Dept.		Rate	Units	Amount Due
05/30/19 Thu 06/06/19 Thu 06/07/19 Fri	06:00A - 02:45P 06:00A - 02:00P 02:00P - 10:00P 06:00P - 06:00A 06:00P - 06:00A	Steible, Sarah (STNA) Steible, Sarah (STNA)	LTC LTC LTC LTC LTC	SA Demitse Manter of	32,00 32.00 29.00 29.00 29.00 32.00	8.75 8.00 7.50 12.00 12.00	280.00 256.00 217.50 348.00 348.00 384.00
						60.25	

Please Send Payments to:
Dedicated Nursing Associates Inc
6536 William Penn Hwy Rt 22, Suite 201
Dedirons, PA 150626
Dedirons, PA 150626
Thank You For Allowing Us the Privilege of Serving You!
Thank You For Allowing Us the Privilege of the contract will be charged interest at a rate of 1.5%
All Invoices that are past due per the terms of the contract will be charged interest at a rate of 1.5%

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DNA

Dedicated Nursing Associates, Inc 6335 William Pern Hey Rt 22, Suite IO1 Definions, PA 15625 (855) 349-6013

Viaterville Healthcare 8885 Browning Drive Waterville , OH 43566

INVOICE Invoice No. 160242 Date 06/21/2019 Page 1

Terms	PO Number
30	

Date	Shift Worked	Temp	Dept.	Desc.	Rate	Units	Amount Due
06/10/19 Mon	02:00P - 10:00P	Sowulewski, Meg (STNA)	LTC	S5 Regular S2 Regular	29.00 29.00	12.00	
' 06/10/19 Mon ' 06/15/19 Sat	06:00P - 06:00A 06:00P - 06:00A	the same of the sa		S4 Regular S5 Regular Weekend	29.00 32.00	12.00 12.00	0.0100
		W	aterv	rille Healthcare Sub		44.00	

Please Send Payments to:
Dedicated Nursing Associates Inc
6336 William Penn Hwy Rt 22, Sute 201
Delmont, PA 15626
Trank You For Allowing Us the Privilege of Serving You!
All Invoices that are past due per the terms of the contract will be charged interest at a rate of 1.5%

DNA Administrating Associates, Inc.

Dedicated Nursing Associates, Inc 0518 William Rect Hey Rt 22, Suite 201 Delmont, PA 15626 855; 349-6013

INVOICE Invoice No. 160952 Date 07/05/2019 Page 1

Terms	PO	Numbe
30		

Date	Shift Worked	Temp	Dept.		Hate	Units	Amount Due
00/24/19 Mon	06:00P - 06:00A	Steible, Sarah (STNA) Steible, Sarah (STNA) Steible, Sarah (STNA)	LTC	S3 Regular S5 Regular Weekend	29.00 32.00	12.00 12.00	384.00 348.00 384.00
		V	ater	ville Healthcare Sub Inv		36.00 1: 36.00	1,116.00 \$1,116.00

Please Send Payments to:
Uedicated Nursing Associates Inc.
G536 William Penn Mvy, Rt 22, Suite 201
Delmont, PA 15526
Thank You For Allowing Us the Privilege of Serving You
Amenics that are past due per the terms of the contract will be charged interest at a rate of 1.5%



Dedicated Nursing Associates, Inc 5536 William Penn Hwy Rt 22, Suite 201 Deimont, PA 15626 [855) 349-6013

INVOICE Invoice No. 160598 Date 06/28/2019 Page 1

Terms PO Number

Invoice Total: 63.50 \$2,287.75

Date	Shift Worked	Temp	Dept.		Rate	Units	Amount Due
06/15/19 Sun	08:00A - 04:00P	Sowulewski, Meg (STNA)	LTC	S1 Regular Weekend	32.00	7.50	240.00
05/17/19 Mon	02:30P - 10:00P	Sowulewski, Meg (STNA)	LTC	S2 Regular	29.00	7.50	217.50
06/18/19 fue	06:00P - 06:30A	Steible, Sarah (STNA)		S3 Regular	29.00	12.50	362.50
09/13/13 Med	U6:00P - 06:00A	Steible, Sarah (STNA)	LTC	S3 Regular	29.00	10.50	304.50
06/20/10 Th.	06.000 04			S3 Overtime	43.50	1.50	65.25
		Steible, Sarah (STNA)	LTC	SS Overtime	43.50	12.00	522.00
05/22/19 Sat	06:00P - 06:00A	Stelble, Sarah (STNA)	LTC	S3 Overtime Weekend	48.00	12.00	576.00
		١	Nate	rville Healthcare Sub	total:	63.50	2,287.75

Please Send Payments to:

Dedicated Nursing Associates Inc.
6536 William Penn Hwy Rt 22, Suite 201
Delmont, 74, 15626
Thank You For Allowing Us the Phyllege of Serving You!
All invoices that are past due per the terms of the contract will be charged interest at a rate of 1.5%



Dedicated Nursing Associates, Inc 6535 William Pero Hay Rt 22, 5u te 201 Deurson, PA 15626 955) 349-6013

INVOICE Invoice No. 16128; Date 07/12/2019 Page 1

Terms PO Number

Date	Shift Worked	Temp	Dept		Rate	Units	Amount Due
06/30/19 Sun	06:00P - 06:00A	Goode, Antoinette (STNA)	LTC	S5 Regular Weekend	32.00	11.50	368.00
07/01/19 Mon	02:00P - 02:00A	Sowulewski, Meg (STNA)		S5 Regular	29.00	12.00	348.00
		Sowulewski, Meg (STNA)	LTC	S5 Regular Weekend S5 Overtime Weekend	32.00 48.00	8.00	256.00 168.00
06/30/19 Sun	06:00P - 06:00A	Steible, Sarah (STNA)		S5 Regular Weekend	32.00	12.00	384.00
07/01/19 Mon	06:00P - 06:00A	Steible, Sarah (STNA)		55 Regular	29.00	12.00	348.00
		Steible, Sarah (STNA)	LTC	SS Regular SS Regular Holiday	29.00 43.50	6.00	174.00 261.00
		Steible, Sarah (STNA)	LTC	S5 Regular S5 Overtime S5 Overtime Holiday	29.00 43.50 65.25	4.00 2.00 6.00	116.00 87.00 391.50
07/05/19 Fri	06:00P - 06:00A	Steible, Sarah (STNA)		S5 Overtime rville Healthcare Subt	43.50 total:	12.00	522.00 3,423.50
				Invo	ice Total:	95.00	\$3,423.50

Please Send Payments to:

Prease Sehu Payments to.
Dedicated Nursing Associates Inc.
6336 William Penn Hwy Rt 22, Suite 201
Delmont, PA 1556
Thank You For Allowing Us the Privilege of Serving You!
Invalices that are past due per the terms of the contract will be charged interest at a rate of 1.5%

Case 2:23-cv-01597-JFC-RAL Document 1-6 Filed 09/05/23 Page 121 of 153

DNA

Dedicated Nursing Associates, Inc 6536 William Penn Hwy Rt 22, Suite 201

INVOICE

Terms	PO Nun	nbar
	-	

Date	Shift Worked		Dept.		Rate	Units	Amount Due
07/08/19 Mon	06:00P - 06:00A	Sowulewski, Meg (STNA)	LTC	S5 Regular	29.00	11.50	333.50
07/11/19 Inu	06:00P - 06:00A	Sowulewski, Meg (STNA)	LTC	S5 Regular	29.00	11.50	333.50
07/11/19 Thu	06:00P - 06:00A	Sowulewski, Meg (STNA) Steible, Sarah (STNA)				11.50	
				S5 Regular S5 Regular	29.00	3.75 8.25	108.75
07/12/19 Fri	06:00P - 06:00A	Steible, Sarah (STNA)		S5 Regular	29.00	3.75	108.75
		W		S5 Overtime rille Healthcare Sub	43.50	8,25	358.88
		***	n r-421 A		oice Total:		1,850.63 \$1,850.63

Please Send Payments to:
Dedicated Nursing Associates Inc
6353 william Penn Hwy Rt 22, Suite 201
Delmont, PA 15926
Thank You For Allowing Ust the Privilege of Serving You!
All Invoices that are past due per the terms of the contract will be charged interest at a rate of 1,5%

DNA

Dedicated Nursing Associates, Inc IS36 William Penn Hwy Rt 22, Suite 201 Delmont, PA 15626 IB55) 349-6013

INVOICE No. 162713

Terms	PO	Numbe
30		

Date	Shift Worked	Temp	Dept.		Rate	Units	Amount Due
07/23/19 Tue	10100P - 06100A	Goode, Antoinette (STNA)			29.00	8.00	
0 /22/19 Mon	06:00P - 06:00A	Sowulewski, Meg (STNA) Sowulewski, Meg (STNA)		S5 Regular Weekend	32.00	11.50	200100
07/26/19 Fri	05:00P - 06:15A	Sowułewski, Meg (STNA)		S5 Regular S5 Regular	29.00	11.50	333.50 340-75
07/27/19 Sat	07:15P - 06 15A	Sowulewski, Meg (STNA)		55 Regular Weekend 55 Overtime Weekend	32.00	5.25	168.00
97/23/19 Tue	06:00P - 06:00A	Steible, Sarah (STNA)	LTC	S3 Regular	48.00	5.25	252.00 348.00
97/25/19 100	U2:00P - 05:00A	Stelble, Sarah (STNA)	LTC	S3 Regular S3 Overtime	29.00 43.50	13.00	377.00
7/26/19 Fri	02:00P - 06:00A			S3 Overtime	43.50	3.00 16.00	130.50 696.00
07/21/19 Sun	06:00P - 06:30A	Valentine, Camilla (STNA)	LTC	CE Dogulas Western		12 00	576 00
07/23/19 Tue	06:15P - 05:00A	Valentine, Camilla (STNA)	LTC	S3 Regular	32.00	12.00	384.00 311-75
		٧	Vate	rville Healthcare Subi	total:		4,517.50
				21191	DIER LOCAL	132.00	\$4,517.50

Please Send Payments to:

Please Send Payments to:
Dedicated Nutrang Associates Dic
\$15 William Penn Hwy Rt 22, Suite 201
Permont, Pa. 156/36
**Junk You For Allowing Us the Privilege of Serving You!
**Invoices that are past due per the terms of the contract will be charged interest at a rate of 1,5%

DNA

Dedicated Nursing Associates, Inc 6536 William Penn Hwy Rt 22, Suite 201 Delmont, PA 15626 (955) 349-6013

INVOICE Invoice No. 162343 Date 97/26/2019 Page 1

Terms PO Number

				20		
Date Shift Worked	Temp	Dept	Desc.	Rate	Units	Amount Due
07/16/19 Tue 06:00P - 12:4	SA Goode, Antoinette (STNA)	LTC	S5 Regular	29.00	6.75	
07/18/19 Thu 06:00P - 06:0	OA Goode, Antoinette (STNA)	LTC		29.00	12.00	
07/19/19 Fr: 06:00P - 06:3	DA Rowe, Eloise (STNA)		SS Regular S3 Regular	29.00	12.00	
	. ,		C3 Augustima	29.00 43.50	4.00 8.00	
07/18/19 Thu 06:00A - 02:3	OP Russell, Antoinette (Toni) (STNA) OP Russell, Antoinette (Toni) (STNA)	LTC		32.00	8.50	
07/14/19 Sun 06:00P - 06:0	DA Sowulewski, Med (STNA)		S1 Regular S4 Regular Weekend	29.00 32.00	8.50	246.50
07/15/19 Mon 06:00P - 06:1	SA Sowulewski, Meg (STNA)	LTC	SS Regular	29.00	12.25	384 00 355.25
07/17/19 Wed 06:00P - 06:0 07/20/19 Sat 06:00P - 06:0	JA Sowulewski, Meg (STNA) JA Sowulewski, Meg (STNA)		S5 Regular	29.00	11.50	333.50
		CIC	S5 Regular Weekend S5 Overtime Weekend	32.00 48.00	4.25 7.75	136.00 372.00
07/14/19 Sun 06:30P - 06:0 07/16/19 Tue 06:30P - 06:3	A Valentine, Camilla (STNA)		SS Regular Weekend	32.00	11.50	368.00
07/19/19 Fri 07:00P - 06.3	A Valentine, Camilla (STNA)		SS Regular SS Regular	29.00	11.50	333.50 333.50
07/14/19 Sun 06:00A - 06:0	OP Westhoven, Salena (STNA)	LTC	S4 Regular Weekend	32 00	12.00	384.00
07/18/19 Thu 06:00A - 06:1			S4 Regular	29.00	12.25	355.25
	,	18.2 to A.	rville Healthcare Sub Inv	total: pics Total:		5,229.25 \$5,229.25

Please Send Payments to:

Uniticated Nursing Associates Int.

SSS William Plan Hwy Rt 22, Suite 201

Calmon, PA 15626

Trainer You For Allowing Us the Privilege of Serving You!

All importes that are past due per the terms of the contract will be charged interest at a rate of 1.5%

DNA

Dedicated Nursing Associates, Inc 6536 William Penn Hwy Rt 22, Suite 201 Primont, PA 15626 (953) 349-6013

Waterville Healthcare 3835 Browning Drive Witerville JOH 43568

INVOICE

Terms PO Number

					30	-	
Date	Shift Worked	Temp	Dept	Desc.	Rate	Units	Amount Due
08/02/19 Fri	06:30P - 11 30A	Akankwasa, Priscilla (LPN)	LTC	SS Regular SS Overtime	42.00	6.00	252.00
08/03/19 Sat	05:30P - 07:00A	Akankwasa, Priscilia (LPN)	170	S5 Overtime Weekend	63.00	10.50	
07/30/19 Tue	07:00P - 01:30A	Rushing, Ashley (LPN)		S5 Regular		12.00	
17/31/19 Wed	06:30P - 11:30P	Rushing, Ashley (LPN)			42.00	6.00	252.00
		Rushing, Ashley (LPN)		S2 Regular	42,00	5.00	210.00
		Rushing, Ashley (LPN)		SS Regular	42.00	12.00	504.00
10/39/10 Sur	06:30F - 07:00A	Rushing, Ashley (LPN)		S5 Regular Weekend	45.00	12.00	540.00
07/20/19 Sun	06:00A - 02:00P	Russell, Antoinette (Toni) (STNA)	LTC	S1 Regular Weekend	32.00	8.00	256.00
7/28/19 Sun	07:45P - 06:00A	Sowułewski, Meg (STNA)	LTC	S5 Regular Weekend	32.00	10.25	328.00
		Sowulewski, Meg (STNA)	LTC	S5 Regular	29.00	12.25	355.25
08/02/19 Fri	06:00P - 05:15A	Sowulewski, Meg (STNA)	LTC	S5 Regular	29.00	12.25	355.25
728/19 Sun	02:00P = 06:00A	Steible, Sarah (STNA)		S3 Regular Weekend	32.00	16.00	512.00
07/29/19 Man	02:00P - 06:30A	Steible, Sarah (STNA)		52 Regular	29.00	16.00	
08/01/19 Thu	02:00P - 06:00A	Steible, Sarah (STNA)		S3 Regular	29.00		454.00
				53 Overtime	43.50	8.00	232.00 348.00
68/02/19 Fr	02:00P - 06:00A	Steible, Sarah (STNA)	LTC	\$3 Overtime	43.50	16.00	
		The second secon					696.00
27/19 Sat	07:00P - 06:15A				48.00	12.00	576.00
2731/19 Wed	07:150 - 06:154			S3 Regular Weekend	32 00	11.25	360.00
	0,115, 00 13M			S5 Regular	29.00	11.00	319.00
		v	Vate	rville Healthcare Sub			8,031.00
				Inve	pice Total:	204.50	\$8,031.00

Please Send Payments to:
Dedicate Nursing Associates Inc.
\$33 & William Porn Haw, Rt 2.2, Sune 20.1
Delmont, PA 15526
Panal Two Far Adwing or the Privilege of Serving You!
Reliable The Paral Two Far Adwing to the Privilege of Serving You!
Reliable Two Sets (Ast are past due per the terms of the contract with be charged interest at a rate of 1.5%).

Case 2:23-cv-01597-JFC-RAL Document 1-6 Filed 09/05/23 Page 122 of 153

DNA directed American I .

Dedicated Nursing Associates, Inc 453 William Part Hwy Rt 22, Suite 391 Delmont, PA 15626 (855) 349-5013

INVOICE Invoice No. 163278 Date 08/16/2019 Page 1

Terms	PΩ	Number
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					30		J
Date	Shift Worked	Temp	Dept.	Desc.	Rate	Units	Amount Due
08/06/19 Tue	06:30P - 07:00A	Akankwasa, Priscilla (LPN)	LTC	S5 Regular	42.00	12.00	504.00
08/07/19 Wed	06:30P - 07:00A	Akankwasa, Priscilla (LPN)	LTC	S5 Regular	42.00	12.00	504.00
08/08/19 Thu	06:30P - 07:00A	Akankwasa, Priscilla (LPN)	LTC	S5 Regular	42.00	12.00	504.00
		Johns, Tiffany (STNA)	LTC	S5 Regular	29.00	8.00	232.00
		Phelps, Ashley (STNA)	LTC	S1 Regular	29.00	11.75	340.75
08/10/19 Sat	06:00P - 07:00A	Rowe, Eloise (STNA)		S5 Regular Weekend	32.00	6.00	256.00
00/07/40 10				SS Regular Weekend	32.00	4.50	144.00
08/07/19 Wed	06:30P - 07:00A	Rushing, Ashley (LPN)	ŁTC	S5 Regular	42.00	12.00	504.00
08/08/19 Thu	06:30P - 07:00A	Rushing, Ashley (LPN)	LTC	S5 Regular	42.00	12.00	504.00
08/06/19 Tue	06:00A - 02:00P	Russell, Antoinette (Toni) (STNA)	LTC	S1 Regular	29.00	8.00	232.00
08/10/19 Sat	06:00A - 02:00P	Russell, Antoinette (Toni) (STNA)	LTC	S1 Regular Weekend	32.00	8.00	256.00
08/04/19 Sun	02:00P - 06:00A	Steible, Sarah (STNA)	LTC	53 Regular Weekend	32.00	15.00	512.00
08/05/19 Mor	02100P - 06.00A	Steible, Sarah (STNA)	LTC	S3 Regular	29.00	16.00	464.00
08/05/19 Tue	06:00P - 06:00A	Steible, Sarah (STNA)	LTC	55 Regular	29.00	8.00	232.00
09/09/10 10:44	05 000 05 001			S5 Overtime	43.50	4.00	174.00
08/07/19 Wed 08/09/19 Fri		Steible, Sarah (STNA)		SS Overtime	43.50	12.00	522.00
		Steible, Sarah (STNA)		S5 Overtime	43.50	16.00	695.00
		Steible, Sarah (STNA)	LTC	S5 Overtime Weekend	48.00	16.00	768.00
		Vaientine, Camilla (STNA)	LTC	S5 Regular	29.00	11.00	319.00
08/09/19 Fri	06 00P - 06:00A	Valentine, Camilla (STNA)	LTC	S5 Regular	29.00	12.00	348.00
UN/10/19 Sat	07:45P - 06:30A	Valentine, Camilla (STNA)	LTC	S5 Regular Waekend	32.00	10.75	344.00
		V	Vate	rville Healthcare Sub	total:	230.00	8,359.75
				Inv	oice Total:	230.00	\$8,159.75

DNA

Dedicated Nursing Associates, Inc 1536 William Penn Hwy Rt 22, Suite 201 Delmont, PA 15626 FSS 349-6013

Remails Healthcare (1.65 Browning Drive Hendila , OH 43566

INVOICE Invoice No. 163932 Date 08/20/2019 Dage 1

Terms	PO Numbe
30	

					April .		
Date	Shift Worked	Temp	Dept.	Desc.	Rate	Unite	Amount Due
S/18/19 Sun	06 30P - 07:00A	Akankwasa, Priscilla (LPN)	LTC	\$5 Regular Weekend	45.00	12.00	540.00
37/22/19 Thu	05:30P - 07:00A	Akankwasa, Priscilla (LPN)		S5 Regular	42.00		504.00
38/24/19 Sat	07:00P - 06:15A	Johns, Tiffany (STNA)		S5 Regular Weekend			360.00
		Pheips, Ashley (STNA)		S4 Regular	29.00	11.50	333.50
		Rushing, Ashley (LPN)		S5 Regular	42.00	12.00	504.00
		Rushing, Ashley (LPN)	LTC	SS Regular	42.00	12.50	525.00
3/19/19 Man	06:00A - 04:00P	Russell, Antoinette (Toni) (STNA)	LTC	S1 Regular	29.00	10.00	290.00
13/23/19 Fri	06:00A - 04:00P	Russell, Antoinette (Toni) (STNA)	LTC	S1 Regular	29.00	10.00	290.00
JS/24/19 Sat	06 GOA - G4:00P	Russell, Antoinette (Toni) (STNA)	LTC	S1 Regular Weekend	32.00	10.00	320.00
8/18/19 Sun	06:00P - 06:00A	Smith, Lakesha (STNA)		S5 Regular Weekend		12.00	384.00
08/24/19 Sat	06 00P - 05:00A	Smith, Lakesha (STNA)	LTC	S5 Regular Weekend	32.00	12 00	384.00
08/19/19 Mon	06.00P - 06:15A	Sowulewski, Meg (STNA)	LTC	S5 Regular	29.00	12.25	355.25
		Sowulewski, Meg (STNA)	LTC	S5 Regular	29.00	11.50	333.50
05/19/19 Mon	02:00P - 06:00A	Steible, Sarah (STNA)	LTC	S5 Regular	29 00	16.00	464.00
03/20/19 Tue	02100P - 06:00A	Steible, Sarah (STNA)	LTC	55 Regular	29.00	16.00	464.00
		W:	aterv	ille Healthcare Sub	total:	181.00	6,051,25
				Inv	oica Tota	d: 181.00	86,051.25

Please Send Payments to:

101/61646 Nursing Associates Inc.

103/6164 William Penn Hwy Nr 2.2, Sulte 201

16/mont, R4.15626

Thank You Fin Advangu Is the Privilege of Sensing You!

16/montses that are past due per the terms of the contract will be charged interest at a rate of 1.5%



Dedicated Nursing Associates, Inc 6536 William Penn Hwy Rt 22, Suite 201 Celmont, PA 15626 (855) 349-6013

Waterville Healthcare 9895 Browning Drive Waterville , OH 43566

INVOICE

ferms PO Number

					30		
Date	Shift	Temp	Dept.	Desc.	Rate	Units	Amount Due
08/12/19 Mon	09:00P - 07:00A	Akankwasa, Priscilla (LPN)	LTC	S5 Regular	42.00	9.50	399.00
08/13/19 Tue	06:30P - 07:00A	Akankwasa, Priscilla (LPN)	LTC	SS Regular	42.00	12.00	504.00
08/14/19 Wed	06.30P - 07:00A	Akankwasa, Priscilla (LPN)	LTC	S5 Regular	42.00	12.00	504.00
08/16/19 Fri	06:30P - 07:00A	Akankwasa, Priscilla (LPN)	LTC	S5 Regular S5 Overtime	42.00 53.00	6.50 5.50	
08/15/19 Fri	07 15P - 06:00A	Johns, Tiffany (STNA)	LTC	S5 Regular	29.00	10.75	311 75
		Phelps, Ashley (STNA)	LTC	S1 Regular	29.00	11.50	333.50
08/11/19 Sun	07:00P - 07:00A	Rowe, Eloise (STNA)	LTC	SS Regular Weekend	32.00	11.50	368.00
		Rowe, Eloise (STNA)	LTC	S5 Regular	29.00	11.75	340.75
		Rowe, Eloise (STNA)	LTC	SS Regular	29.00	13.75	398.75
08/13/19 Tue	06:30P - 07:00A	Rushing, Ashley (LPN)	LTC	SS Regular	42.00	12.00	504.00
		Rushing, Ashley (LPN)	1.TC	S5 Regular	42.00	12.00	504.00
08/17/19 Sat	06:30P - 07:00A	Rushing, Ashley (LPN)	LTC	SS Regular Weekend	45.00	12.00	540.00
08/11/19 Sun	06:00A - 02:00P	Russeli, Antoinette (Toni) (STNA)	LTC	S1 Regular Weekend	32.00	8.00	256.00
08/12/19 Mon	06:00A - 04:00P	Russeli, Antoinette (Toni) (STNA)	LTC	51 Regular	29,00	10.00	290.00
08/13/19 Tue	06:00A - 04:00P	Russeli, Antoinette (Toni) (STNA)	LTC	S1 Regular	29.00	10.00	290.00
08/15/19 Thu	06:00A - 04:00P	Russeli, Antoinette (Toni) (STNA)	LTC	S1 Regular	29.00	10.00	290.00
08/16/19 Fri	06:00A - 04:00P	Russeli, Antoinette (Toni) (STNA)	£TC	S1 Regular S1 Overtime	29.00 43.50	2.00 8.00	58.00 348.00
08/17/19 Sat	06.00A - 04:00P	Russell, Antoinette (Toni) (STNA)	LTC	51 Overtime Weekend	48.90	10.00	480.00
08/17/19 Sat	06:00P - 06:00A	Smith, Lakesha (STNA)	LTC	SS Regular Weekend	32.00	12.00	384.00
08/12/19 Man	06 00P - 06.00A	Sawulewski, Meg (STNA)	LTC	\$\$ Regular	29.00	11.50	333.50
08/11/19 Sun	02:00P - 06:00A	Steible, Sarah (STNA)	LTC	SS Regular Weekend	32.00	16.00	512.00
08/15/19 Thu	02:00P - 06:15P	Steible, Sarah (STNA)	LTC	SS Regular	29.00	4.25	123.25
08/16/19 Fri	02:00P - 06:00A	Stelble, Sarah (STNA)		S5 Regular	29.00	15.00	464.00

Please Sand Payments to:
Dedicated flurring basociates for
SSSS William Pen Hay R1 22, Suite 201
Delmont, IA 15326
Then Tay IF A shared by the Privilege of Serving You!
All movies that are past due per the terms of the contract will be charged interest at a rate of 1.5%



Dedicated Nursing Associates, Inc 6536 William Peon Hwy Rt 22, Suite 201 Belmont, PA 15626 (855) 349-6613

INVOICE

Date	Shift	Temp	Dept.	Desc.	Rate	Units	Amount Due
3/25/19 Sun	06:30P - 07:30A	Akankwasa, Priscilla (LPN)	LTC	S5 Regular Weekend	45.00	12.50	
8/26/19 Mon	06:30P - 07 00A	Akankwasa, Priscilla (LPN)		S5 Regular	42.00	12.00	
		Akankwasa, Priscilla (LPN)		S5 Regular	42.00	12.00	
		Akankwasa, Priscilla (LPN)	LTC	S5 Regular Weekend S5 Overtime Weekend	45.00 67.50	3.50 8.50	
		Riddle, Courtney (STNA)	LTC	S5 Regular	29.00	12.00	348.00
		Rushing, Ashley (LPN)	LTC	S5 Regular	42.00	12.00	504.00
		Rushing, Ashley (LPN)	LTC	S5 Regular	42.00	12.00	504.00
18/25/19 Sun	05:00A - 04:00P	Russell, Antoinette (Toni) (STNA)	LTC	51 Regular Weekend	32 00	10.00	320.00
08/29/19 Thu	05:00A - 04:00P	Russell, Antoinette (Toni) (STNA)	LTC	51 Regular	29.00	10.00	290.00
08/30/19 Fri	05:00A - 04:00P	Russell, Antoinette (Toni) (STNA)	LTC	S1 Regular	29.00	10.00	
08/31/19 Sat	05:00A - 02:00P	Russell, Antoinette (Toni) (STNA)	LTC	S1 Regular Weekend	32.00	8.30	
08/25/19 Sun	06:00P - 06 00A	Sowulewski, Meg (STNA)		SS Regular Weekend	32.00	12.00	
08/ 30/19 F ri	10:00P - 06 DOA	Sowulewski, Meg (STNA)	LTC	S3 Regular	29.00	8.00	
		١	Vate	rville Healthcare Sub	total:	142.50	5,429.75
				inv	oice Total:	142.50	\$5,429.75

Please Send Payments to:
Indicate Nutsing Associates Inc.
S18 William Fen Hwy Rt 22, Suite 201
Echnont, PA, 15626
This Make Making Use the Envirope of Serving You!
Think You Fen Advancy Use the Envirope of Serving You!
Think You Fen Advancy Use the Terms of the contract will be charged interest at a rate of 1,5%
Think You Fen Advancy Use The Terms of the contract will be charged interest at a rate of 1,5%

Case 2:23-cv-01597-JFC-RAL Document 1-6 Filed 09/05/23 Page 123 of 153

Dedicated Nursing Associates, Inc. 6536 William Penn Hwy Rt 22 Suite 201 Delmont, PA 15626

Invoice

Date	Invoice #
4/1/2019	3110i

Bilt To Waterville Healthcare 8885 Browning Drive Waterville, OH 43566

			P.O.No	Terms		Project
				Net 30		
Quantity		Description		Rate	· T	Amount
1,833.5 1,312 2,287.5 1,116 3,423.5 1,850.63 5,229.25	Interest on the following Invoice #159973 [Invoice #160242 Invoice #160254 Invoice #160254 Invoice #160255 Invoice #160252 Invoice #160252 Invoice #160253 Invoice #160253 Invoice #160253 Invoice #160253 Invoice #160273 Invoice #1602713 Invoice #1602713				0.015 0.015 0.015 0.015 0.015 0.015 0.015	27.55 19.66 34.3 16.75 91.3 22.77 74.4 67.7
				Total		\$323.54

Dedicated Nursing Associates, Inc.

6536 William Penn Hwy Rt 22 Suite 201 Delmont, PA 15626

Invoice

Date	Invoice #
10/1/2019	31631

		F.O No.	Terms	Project
			Net 30	
Quantity	Description		Rate	Amount
	Interest on the following:			
1,833.5	Invoice #159973		0.0	15 27.
	Invoice #160242		0.0	115
	Invoice #160598		0.0	
	Invoice #160952		0.0	15 16.
3,423.5	Invoice #161282		0.0	
	Invoice #161933		0.0	115 27
	Invoice #162343		0.0	
	Invoice #162713		0.0	
	Invoice #162910 Invoice #163278		0.0	
			0.0	
	Invoice #163666		0.0	
	Invoice #163992		0.0	15 90.
323.54	Invoice #3110i		0.0	15 4.1
			Total	\$802.3

DNA

Dedicated Nursing Associates, Inc 6536 William Penn Mwy, Rt 22, Suite 201 Oelmont, PA 15626 (855) 349-6013

Waterville Healthcare 8885 Browning Drive Waterville - OH 43568

INVOICE Invoice No. 164469 Date 09/13/2019 Page 1

 Deta
 Shirt. workse
 Temp
 Dept. Desc.
 Desc.
 Unds.
 Devolution

 08/16/19 Fit
 06/007 = 06/008 Sowulewski, Meg (STNA) LTC S5 Regular Weekend
 29.00 12.00 3.65.00

Please Send Payments to:
Dedicated Nursing Associates Inc
5535 William Pen Hwy Rt 22, Suite 201
Delmont, PA 15926
Thank You For Allowing Us the Privilege of Serving You!
All Invoices that are past due per the terms of the contract with be charged inserest at a rate of 1.5%

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Dedicated Nursing Associates, Inc 6536 William Penn Hwy Rt 22 Suite 201 Delmont, PA 15626

Statement

Date 10/8/2019

To:	
Waterville Healthcare 8885 Browning Drive	
Waterville, OH 43566	

			i e	Amount Due	Amount Enc.	
				\$60,290,74		
Date		Transaction		Amount	Balance	
06/03/2019	PMT #806.			-225.05	-225 (
06/14/2019	INV #159973. Due 07/14/20	 Orig. Amount \$1,833. 	50, _	1.833.50	1,608.4	
06/21/2019	INV #160242. Due 07/21/20	 Orig. Amount \$1,312. 	00.	1.312.00	2,920,4	
06/28/2019	INV #160598, Due 07/28/20	 Orig. Amount \$2,287. 	75.	2,287.75	5,208.2	
07/05/2019	INV #160952. Due 08/04/20	 Orig. Amount \$1,116. 	90.	1,116.00	6,324.2	
07/12/2019	INV #161282. Due 08/11/20			3,423.50	9.747.7	
07/19/2019	INV #161933. Due 08/18/20	 Orig. Amount \$1,850. 	53.	1.850.63	11,598.	
07/26/2019	INV #162343. Due 08/25/20	19-Orig. Amount \$5,229.	25.	5,229.25	16.827.5	
08/02/2019	INV #162713 Due 09/01/20	 Orig. Amount \$4,517. 	50.	4,517.50	21.345.0	
08/09/2019	INV #162910. Due 09/08/20	 Orig. Amount \$8,031. 	00.	8,031.00	29,376.0	
08/16/2019	INV #163278. Due 09/15/20			8,359.75	37,735.8	
08/23/2019	INV #163666. Due 09/22/20	 Orig. Amount \$9,156. 	X0.	9,156.00	46,891.8	
08/30/2019	INV #163992. Due 09/29/20	Orig. Amount \$6.051.	25.	6.051.25	52,943.0	
09/01/2019	INV #3110i. Due 10/01/2019	Orig. Amount \$323.54.	- 1	323.54	53,266.6	
09/06/2019	INV #164180. Due 10/06/20			5.429.75	58,696.	
09/13/2019 10/01/2019	INV #164465. Due 10/13/20 INV #3163i. Due 10/31/2019			792.00 802.37	59,488.	
	1.30 DAYS PAST	I 31.60 DAYS DAET	R1 00 DAVE DAST	CVER MODAYS		
CURRENT	1-30 DAYS PAST DUE	31-60 DAYS PAST DUE	61-90 DAYS PAST DUE	OVER 90 DAYS PAST DUE	Amount Due	

MEDICAL STAFFING AGREEMENT

THIS MEDICAL STAFFING AGREEMENT ("Agreement"), made this 15th day of March, 2019, between DEDICATED NURSING ASSOCIATES, INC. ("DNA"), a Pennsylvania corporation having a place of business at 6536 William Penn Highway Rt. 22, Suite 202, Delmont, Pennsylvania 15626.

A N D

Woodridge Healthcare ("Contractor"), having its principle place of business at 3801 Woodridge Boulevard, Fairfield, Ohio 45041.

WHEREAS, DNA is in the business of providing registered nurses, licensed practical nurses, certified nursing aides, home health aides and other medical professionals ("Employee" or "Employees") with particular skills and experience; and

WHEREAS, Contractor is in need of personnel with the skill and experience provided by DNA.

NOW, THEREFORE, in consideration of the covenants contained herein and intending to be legally bound, the parties hereby agree as follows:

I. EMPLOYEES TO BE PROVIDED

The Employees to be provided include, but are not limited to, the following: RN's, LPN's, CNA's, HHA's and NA's.

2. QUALIFICATIONS OF EMPLOYEES

DNA will ensure that Employees to be provided shall possess the qualifications required to perform the work for which they are contracted to provide in their particular field of practice. They shall also possess the required qualifications in the areas of education, certification, license, Physical and Mantoux test and criminal clearances, as required.

3. DNA AS EMPLOYER

Contractor shall not be responsible for payment of wages, salaries, and other compensation, fringe benefits, unemployment insurance, workers' compensation, social security, or other payroll taxes for staff provided to Contractor by DNA. Further, DNA shall be the employer of all persons it furnishes to Contractor.

4. EXPENSES

Contractor shall be responsible for all expenses incurred by DNA Employees relating to patient care (by way of example only, gloves) while on assignment to Contractor under this Agreement.

EXHIBIT 25

5. <u>ADMINISTRATIVE LINK</u>

For the purpose of facilitating the services contemplated by this Agreement, Contractor and DNA each shall designate an administrative employee to be available for such purpose.

6. COMPENSATION (TIME RECORDS)

Contractor shall compensate DNA for its services in accordance with the schedule set forth in Exhibit "A" hereto, which is incorporated by reference and made part of this Agreement. For the purpose of compensation, DNA shall submit documentation in the form of time records for the services provided to Contractor. Contractor, or its authorized representative, shall be responsible for verifying that the time records are accurate.

7. SCHEDULING AND SUBSTITUTE STAFF

- A. Contractor must immediately notify DNA of any changes to the agreed upon staffing schedule for Employees. Contractor is not authorized to accept a schedule change that is only discussed with an Employee and not approved in advance by DNA. If the schedule change results in the Employee working fewer hours than scheduled, failure to give notice to and receive consent from DNA may result in a charge for the originally scheduled hours. If a schedule change results in an Employee working over forty (40) hours in one week for DNA, and if there is no agreement to the contrary. Contractor will be charged the overtime billing rate for any hours that were not approved in advance by DNA for the Employee.
- B. DNA shall use its best efforts to replace regularly scheduled staff that are unavailable on a given day due to an illness or paid time off, or because of an emergency, vacation or holiday; however, DNA cannot guarantee that it can or will provide substitute staff.

8. HIRING OF EMPLOYEES BY CONTRACTOR AND CONVERSION FEE

Contractor may wish to employ directly an Employee who has been supplied by DNA. In the event of such a conversion to the employ of Contractor or to another employer to whom Contractor refers such Employee, Contractor agrees to pay a conversion fee. The conversion fee is \$15,000.00 for an RN, \$12,000.00 for an LPN, \$9,000.00 for a CNA and \$9,000.00 for a HHA or NA. The conversion fee will be reduced by \$200.00 for each 40 hours of weekly services performed while on assignment to the Contractor, however in no event will there be any less than a \$6,000.00 conversion fee for any position. The same calculation will be used if Contractor converts a DNA Employee to part-time status. Again, the conversion fee will not be less than \$6,000.00.

A. The conversion fee is payable if Contractor hires the DNA Employee assigned, regardless of the employment classification, on either a permanent, temporary (including temporary assignments through another agency) or consulting basis within six (6) months after the last day of the assignment. Contractor also agrees to pay a conversion fee if the DNA Employee assigned to Contractor is hired by a subsidiary, other related company or any other entity or business as a result of referral of the Employee by Contractor.

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COMPLIANCE WITH APPLICABLE LAW

DNA and Contractor shall comply with the Fair Labor Standards Act, the Occupational Safety and Health Act ("OSHA"), Immigration Reform and Control Act, the Health Insurance Portability and Accountability Act ("HIPAA"), and all other applicable federal, state, and local statutes, laws, ordinances, regulations and standards including, but not limited to, equal employment opportunity, civil rights, anti-discrimination, wage and hour, privacy and Joint Commission, whether as presently enacted or as hereafter amended. Notwithstanding the above, it is agreed that Contractor is primarily responsible for compliance with OSHA and comparable state laws and regulations thereunder, to the extent those laws and regulations apply to Employees assigned to Contractor. This responsibility includes, but is not limited to, required information and training in site-specific protocols, the facility exposure control plan and available personal protective equipment. Contractor will maintain documentation regarding training and related obligations hereunder, and make this documentation available to DNA upon request. Contractor will provide post-exposure evaluation and follow-up in accordance with OSHA standards.

CONFIDENCE OF INFORMATION

- A. Contractor shall keep in confidence all information relating to the methods of operations, trade secrets business plans, business opportunities, finances, strategic planning and development, research, development, personnel data, recruiting, compensation, billing, and all other confidential knowledge, data and information related to the business and affairs of DNA that may be acquired in furtherance of the relationship contemplated by this Agreement. During and after the term of this Agreement, Contractor shall not, without the prior written consent of DNA, publish. communicate, divulge or disclose any such information.
- B. The parties hereto agree to comply with any and all federal or state laws or regulations that have or may become effective during the term of this Agreement, including, but not limited to HIPAA and any amendments, rules and regulations promulgated thereunder. The parties further agree to execute any additional documents that may be required under HIPAA, including, but not limited to, a Business Associates Agreement.

INDEMNIFICATION

DNA and Contractor shall indemnify, hold harmless, and, upon request, defend the other party and their respective subsidiaries, affiliates, directors, officers, employees, agents and independent contractors, from and against all liens, claims, charges, causes of action of any type, whether in law or equity, liabilities, damages, losses and expenses including, but not limited to, interest, penalties, reasonable attorney's fees and costs of suit, arising out of or in connection with their own acts or omissions, whether in whole or in part, relating to their obligations pursuant to this Agreement.

12. PROFESSIONAL LIABILITY INSURANCE

Each party to this Agreement shall obtain, at its own cost, professional liability insurance covering its own act or omissions. Each shall maintain such insurance in amounts not less than Two Million (\$2,000,000,00) Dollars per occurrence and Six Million (\$6,000,000.00) Dollars

3

FLOATING POLICIES AND COMPETENCE

Floating refers to the reassignment of Employees, where the Employee's job functions differ from specified requirements. With the express, written permission of DNA. Contractor may float one or more Employees that are within the scope of the Employee's clinical expertise, Joint Commission standards, and to which they have been fully oriented. Contractor shall pay to DNA the agreed upon rate under these circumstances.

ORIENTATION POLICIES

Contractor will require Employees furnished under this Agreement to review Contractor's fire and disaster, infection control and no-lift policies prior to placement.

SUBCONTRACTING

DNA, at its sole discretion, may contract with one or more persons or entities for the performance of DNA's services covered by this Agreement, provided the contract shall not relieve DNA of its obligations and liability under this Agreement. Any individual provided under such a subcontracting arrangement shall be deemed an "Employee" solely for purposes of this Agreement.

INCIDENT, ERROR TRACKING SYSTEM

DNA has a system for reporting, tracking, and documenting unexpected incidents. When any Employee is involved in medication and/or documentation errors, unanticipated deaths, patient incidents, injuries, safety hazards related to the care and services provided, occupational illnesses, or security incidents including incidents of property damage or theft, the Employee and Contractor shall immediately report the incident to DNA, as DNA requires documentation to insure continued patient safety

ADDITIONAL REPORTING OBLIGATIONS OF CONTRACTOR

- A. Contractor shall also immediately report to DNA any employment-related concerns, problems or issues with any Employee supplied by DNA, including any Employee report made directly to Contractor
- B. If Contractor reasonably believes that any Employee assigned by DNA is incompetent, negligent or has engaged in misconduct, Contractor may require such Employee to leave its premises and shall inform DNA of this action immediately. Contractor's obligation to compensate DNA for the Employee's services shall be limited to the hours actually worked by such Employee; however, any action taken by Contractor in this regard must be based upon a reasonable, good faith belief by Contractor that the Employee must in fact be removed from the premises immediately.
- C. Contractor is responsible to determine the adequacy of each Employee's job performance. If Contractor determines that the Employee's performance is unsatisfactory. Contractor will notify DNA of specific deficiencies in writing in circumstances other than those requiring immediate removal from the premises.

13. GENERAL LIABILITY INSURANCE

Contractor shall maintain accident and general liability insurance covering the premises where DNA Employees will perform services hereunder, as well as any Contractor owned or leased vehicles that DNA Employees may use in the course of their work pursuant to this Agreement. Upon request of DNA. Contractor shall provide a copy of all insurance policies demonstrating compliance with this paragraph.

INDEPENDENT STATUS

- A. In the performance of their respective duties under this Agreement, DNA and Contractor shall remain independent contracting entities, and neither shall be deemed to be the employer or employee of the other for any purpose whatsoever. The relationship between the parties shall at all times be that of independent contractors. No provision of this Agreement is intended to, or shall be construed, to render one party an employee, servant or partner of the other.
- B. In the event that the Internal Revenue Service or another government agency questions or challenges the independent contractor status of either DNA or Contractor, both DNA and Contractor, upon receipt by either of them of notice from the Internal Revenue Service or other government agency, shall promptly notify and afford the other party the opportunity to participate in any discussion or negotiation with the Internal Revenue Service or other government agency, irrespective by whom such negotiations were initiated, to the extent permitted by the Internal Revenue Service or other government agencies.

COMMUNICATION WITH STAFF

Contractor shall not communicate directly with DNA Employees outside of the assignment scope. All communications regarding staff scheduling with DNA Employees, whether written, verbal, or in person, shall be relayed through DNA unless otherwise agreed to in writing by both parties. See also paragraph 7.A. hereof.

NO SOLICITATION BY CONTRACTOR

During the term of this Agreement, Contractor shall not solicit or attempt to solicit, either directly or indirectly, the business or trade of DNA for Contractor's benefit or the benefit of any other person or entity to the exclusion of DNA, nor shall Contractor request or allow anyone to do so on its behalf.

INJUNCTIVE RELIEF

In addition to all other available remedies in the event of a breach of this Agreement, DNA, as the aggrieved party, shall be entitled to immediate injunctive relief to prevent the irreparable harm which will result in the absence of such relief.

ADDITIONAL LIMITATIONS/REQUIREMENTS

- Contractor agrees that it will not entrust any Employee with unattended premises, cash, checks, keys, credit cards, merchandise or other valuables without prior, express permission from DNA
- B. Contractor will not request or permit any Employee to use any vehicle, regardless of ownership, in connection with the performance of services for Contractor, without prior, express permission from DNA.

NON-DISCRIMINATION

Both DNA and Contractor agree that they will abide by all federal, state, and applicable laws regarding the prohibition of discrimination in the provision of services on the basis of race, sex, religion, creed, disability, ancestry, national origin, sexual preference or age.

NO WAIVER

No course of dealing or failure of either party to strictly enforce any term, right or condition of this Agreement shall be construed as a waiver of such term, right, or condition relating to any subsequent breach.

SURVIVAL OF OBLIGATIONS

Contractor's obligations under this Agreement which by their nature would continue beyond the termination, cancellation, or expiration of this Agreement, shall survive termination, cancellation or expiration of the Agreement

NO GENERAL INVALIDITY

If any of the provisions of this Agreement are judicially declared invalid or unenforceable, such invalidity or unenforceability shall not invalidate or render unenforceable the entire Agreement, and this Agreement shall be construed as if not containing the particular invalid or unenforceable provision or provisions.

DISASTERS AND RELATED EVENTS

Neither DNA nor Contractor shall be liable for failure to perform hereunder due to contingencies beyond either of their reasonable control including, but not limited to, strikes, riots, war, fire, acts of God or natural disasters, accidents, mechanical failures not caused by the fault or neglect of DNA or Contractor, compliance with any law, regulation, or order of the United States of America or any state, governmental body, or any instrumentality thereof, whether now existing or hereafter created.

ASSIGNMENT/SUCCESSORS AND ASSIGNS

A. Contractor shall not assign or delegate its rights, duties and obligations under this Agreement, either in whole or in part, or any monies due or to become due hereunder without the prior written consent of DNA, which shall not be unreasonably withheld. Any such assignment without the prior written consent of DNA shall be absolutely invalid. DNA may in its discretion, assign this Agreement in whole or in part to its subsidiaries, or affiliated corporations

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- This Agreement shall be binding upon any and all successors and assigns of Contractor. In the event of a potential asset, stock or other saie of Contractor, Contractor and/or any or all of its agents and representatives (including, but not limited to brokers) shall any or all of its agents and representatives (uncluding, out not limited to proxets) shall have an affirmative duty to notify the potential buyer through the due diligence process or otherwise of the binding nature of this Agreement and that it is binding on all successors and assigns of Contractor. Contractor shall also notify DNA of the pendency of any transaction contemplated herein and shall provide DNA with reasonable notice thereof so that DNA may assert all rights it has under this Agreement. including, but not limited to, those referenced in Sections 29.A., 11 and 17 hereof.
- C. To the extent Contractor breaches any part of this Section 29, the Indemnification provisions of Section 11 hereof shall be fully enforced by DNA against Contractor. It expressly is understood that liability to DNA shall not be limited to booked but

CHANGES TO AGREEMENT

Any changes to this Agreement shall be effective only if mutually agreed upon in writing by duly authorized representatives of the parties. This Agreement shall not be modified or supplemented, or any rights, duties or obligations of a party in it waived, except by such a writing.

FINAL AGREEMENT: SURVIVABILITY OF TERMS

This Agreement represents the entire agreement between the parties. It supersedes and voids all contract terms contained in any earlier agreements between the parties. There are no other oral or written agreements between the parties supplemental or contrary to this Agreement. If any provision hereof shall be held unenforceable, the remaining provisions shall be given full force and effect.

32. TERM OF AGREEMENT AND TERMINATION

The term of this Agreement shall be from March 2019 to March 2020, and will utomatically renew on an annual basis if not revised by agreement of each party or terminated. Either party may terminate this Agreement for any lawful reason by sending the other written notice of termination at least thirty (30) days before the date of termination. Such termination shall not be a waiver of any right to pursue damages for a pre-existing breach. The parties herein shall deal with each other in good faith during the thirty (30) day period after which any notice of intent to terminate without cause has been given.

Dedicated Nursing Associates, Inc Contract Forms	DALL	
DNA Contract Compliance	DNA Orthogod Nation Associates for	
	Document Number	
Document Title:	Effective Date: 01/13/2016	
Joint Commission Compliance Form	Revision Date:	
	Approved By: D.R./C.W.	
	Page Number: Page 9 of 9	

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Any obset of Ondonsted Numbry Associates. 🎳 is oncompand to report a complaint on concern to the Javet Commission within 14 calendar days of He mentical giving that he do completed You may construct the Javet Commission by

1 No. / Important Company Constraint / Const

Any notice given pursuant to this Agreement shall be given by personal delivery, prepaid telegram, telecopy, overnight delivery service postage prepaid, registered or certified mail, with return receipt requested, directed to the parties at the following addresses:

Dedicated Nursing Associates, Inc.

6536 William Penn Highway Rt 22 Suite 202

Delmont, Pennsylvania 15626

3801 Woodridge Boulevard Fairfield, Ohio 45014

34. CHOICE OF LAWNENUE

This Agreement shall be governed by and construed in accordance with the laws of the Commonwealth of Pennsylvania, without reference to any conflicts of law principles thereof, in addition, any claims brought hereunder shall first attempted to be mediated informally by the parties. In the event mediation is unsuccessful, then any litigation brought hereunder must be brought in the Court of Common Pleas of Westmoreland County, Pennsylvania, or the U.S. District Court for the Western District of Pennsylvania, to the extent federal law or federal diversity jurisdiction would apply.

35. EXECUTION

This Agreement is executed by duly authorized officers, employees or agents of the parties on the dates below, and with the intent to be legally bound hereby:

		Dedicated Nursing Associate	s. Inc.:				
/	Ву:	Lakoda Lisabis	Title	LNHA	D	ated: 3	11569
N	By: [Auth	correct Representatives	Title:	Account	Rep	Dated:	3/18/19
7		Contractor:					
	Entity	r					
	By:		Title			Dated:	
	[Auth	orized Representative]					

[Electronic signature/verification has the same legal significance as writing]

Exhibit A

Per-Diem Rates	Weekday	Weekend
a. State Tested Nursing Assistant	\$29.50/Hr	\$32.50/Hr
b. Licensed Practical Nurse	\$42.50/Hr	\$45.50/Hr
c. Registered Nurse	\$52.50/Hr	\$55.50/Hr
Contract Assignment Rates		
a. State Tested Nursing Assistant	\$36.50/Hr	\$39.50/Hr
b. Licensed Practical Nurse	\$49.50/Hr	\$52.50/Hr
c. Registered Nurse	\$59.50/Hr	\$62.50/Hr

^{*} Travel/Contract Assignments are typically (13) thirteen weeks in duration, however never less than (4) four weeks and encompass all costs, e.g. lodging and travel. Any new service not listed will be added by an addendum attachment.

Weekend Bill Rates

Contractor agrees to pay the weekend bill rates for the following days and shifts worked:

Saturday- 7:00 am-3:00 pm 3:00 pm-11:00 pm

11:00 pm-7:00 am 7:00 am-3:00 pm

 Sunday-3:00 pm-11:00 pm

11:00 pm-7:00 am

Holiday Policy

The following days will be hilled at 1 1/2 the hourly rate:

- New Year's Eve 3:00 p.m. through New Year's Day
- Martin Luther King Jr. Day
- Easter Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Christmas Eve 3:00 p.m. through Christmas Day

10

Specialty is considered any unit outside of Long Term Care, Med/Surg, Telemetry, All Registered Nurses that have management functions (floor manager, unit manager, etc) during their assignment will also be considered specialty.

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Training/Orientation

Contractor agrees to pay for all orientation/training hours.

Lunch Break

Signed time cards that authorize a paid lunch break will be billed to the Contractor.

Overtime Policy

Any hours exceeding 40 hours in single payroll week (Sunday through Saturday) will be billed at time and a half ($1 \frac{1}{2}$).

Cancellation Policy for Per Diem Personnel

 Per Diem: Any shift that is cancelled with less than two (2) hours notice will result in a four (4) hour billing charge.

Cancellation Policy for Travel/Contract Assignment:

Travel/Contract Assignments are guaranteed. If cancelled (for any reason), weeks
agreed upon will be billed in full. If an employee works part of the assignment, that
time and the unworked portion will also be billed. The billed time is not to exceed
agreement unless an extension is required and documented. Minimum contract
assignments are four (4) weeks.

Interest: Any invoice beyond 30 days past due will be charged interest at a rate of 1.5%.

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Billing Information

Billing/Invoice					
Contact Name: Cov/50	dia Lyons	Title: Afr			
Phone Number:	300	E-mail Address: Clyons Whillstone he. co			
	100				
Corporate Group Affiliati	on:				
Company Billing Name:		healthcare			
Billing Address: 544	EWKERPISA	- Prive Lewis Center, OH 43035			
Invoicing Preference:		(X) Mail			
Payment Preference: Card	() ACH	(X) Check () Credit			
OT Rate:		Holiday Rate:			
MSP/VMS fee (if applicat	ole):				
Administrative fees (If an	plicable) & Spe	cial billing requirements:			

CONTACT CHECKLIST

Point of Contact	
Administrator:	DON:
Name: La Ronda Usember	Name: Heidi Gaston
E-mail: Misember powder heal theore, com	E-mail: HGastun@bondehealthogrewin
Phone: (513) 673-3086	Phone:(5]3)
Scheduler/Staffing Coordinator:	Corporate Point of Contact:
Name:	Name: Mathew Dapore
E-mail:	Email: Mda pre@hilstonehc.com
Phone:	Phone: 937/(e/4) 401-7294

Type of Facility: \A \A\c.	ridac Health	Carc	
Size/Number of Beds:	112 SNF	AL 124	
Main Need (Discipline):	SNF		
Currently Using Agency?	No		

2 What (ex: education requirements, clinical requirements, specific years of experience, male or female, height requirements etc.)?

""" Length LPN", or Stefe Tesker DWSING ASSISTED +

3 When (ex: length of assignment, specific schedule/days, start date etc.)?

4 Where (ex: If multiple locations/wings, where is the help needed)?

Possibly AL LPN at times. STNA throughout SNF NOT AL

EXHIBIT 26

13

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Woodridge Heathcare 3R01 Woodnidge Bouleverd Feitheld - OH 4504;

INVOICE Invaice No. 199753 Date 06/97/2019 Page 1

					Terms P	3 Numbe	
					30		
Date	shift bestow	Temp	Dept.	Desc.	Rate	Units	Amount
05/31/19 Frt	03:00P - 11:00P	Brown, Sherrina (LPN)	LTC - Assisted Living	52 Regular	42.50	2 50	318.75
05/27/19 Mon	07:00A - 03:00P	Bryan, Meredith (LPN)	LTC - Assisted Living		42.50		340.00
05/27/19 Mon	03:00P - 11:00P	Bryan, Meredith (LPN)	LTC - Assisted Living		42.50		318.75
95/31/19 Fri	07:00A - 03.00P	Bryan, Meredith (LPN)	LTC - Assisted Living		42.50		340.00
05/31/19 Fri		Bryan, Meredith (LPN)	LTC - Assisted Living		42.50		318.75
05/30/19 Thu	07:00P - 11:00P	Caldwell, Bernadette (STNA)	LTC	SS Regular	29.50		118.00
05/31/19 Fri	07:00P - 07:00A	Caldwell, Bernadette (STNA)	LTC	35 Regular	29.50		339.25
05/27/19 Mon	07:00P - 07:00A	Coleman, Jazmyn (STNA)	LTC	S5 Regular	29.50		206.50
05/31/19 Fri	00.700 07.00			S5 Regular Holiday	44.25	5.00	221.25
	09:30P - 07:00A	Coleman, Jazmyn (STNA)	LTC	S5 Regular	29.50	9.50	280.25
06/07/19 380	07:00P - 07:00A	Coleman, Jazmyn (STNA)	LTC	S5 Regular Weekend	32.50	12.00	390.00
05/27/19 Mon	07:00A - 03:00P	Davis, Debora (STNA)	LTC	51 Regular Holiday	44.25	7.50	331.88
05/2//19 Mon	03:00P - 11:00P	Davis, Debora (STNA)	LTC	52 Regular Holiday	44.25	7.50	331.89
05/29/19 Wed	07:00A - 07:00P	Davis, Debora (STNA)	LTC	54 Regular	29.50	11.50	339.25
06/01/19 586	07:00A - 03:00P	Davis, Debora (STNA)	LTC	S1 Regular Weekend	32.50	8.00	260.00
06/01/19 Sat	03:00P - 07:30P	Davis, Debora (STNA)	LTC	52 Regular Weckens	32.50	4.00	130.00
05/25/19 Sun	07:00A - 07:00P	Francis, Sandra (STNA)	I,TC	S4 Regular Weekens	32.50		390.00
05/26/19 Sun	11:00A - 03:30P	Irwin, Teresa (LPN)	LTC - Assisted Living	52 Regular Weekens	45.50	4.50	204.75
06/01/19 Sat	02:45P - 11.00P	Irwin, Teresa (LPN)	LTC - Assisted Living	SZ Regular Weekens	45.50	8.25	375.38
05/28/19 Tue	07:00A - 07:00P	Johnson, Catherine (STNA)	LTC	S4 Regular	29.50	11 50	339.25
05/29/19 Wed	07:00A + 11:00A	Johnson, Catherine (STNA)	LTC	S4 Regular	29.50	4.00	118.00
05/30/19 Thu	07:00A - 03:00P		LTC	S4 Regular	29.50		236.00
05/31/19 Fri	07:00A - 07:00P	Johnson, Catherine (STNA)	LTC	S4 Regular	29.50	11.50	339.25
05/28/19 Tue	07:00A - 07:00P		LTC	S4 Regular	29 50		339.25
			LTC	S4 Regular	29.50		221.25
05/31/19 Fri	07:00A - 07:00P	Ponder, Ebony (STNA)		S4 Regular	29.50		354.00
05/27/19 Mon	07:00A - 07:00P	Roper, Tahj (STNA)		51 Regular Holiday	44.25	11.50	
05/28/19 Tue	07:00A - 07:00P	Roper, Tahj (STNA)		S1 Regular	29.50	11.50	
05/29/19 Wed	07:00A - 07:00P			S1 Regular		11.50	

Please Send Payments to:
Decidated fruming Associates (no.
1536 Wildiam Penn Huy Paz () Soute 201
Demont, Pas 15428
That From Pen Alseamy In the Privilege of Serving ToU.
That From Pen Alseamy In the Privilege of Serving ToU.
All invarious Old are past obe per the terms of the contract will be onarged interest at a rate of 1.5%.



Dedicated Nursing Associates, Inc 5336 William Penn Hwy Rt 22, Suite 201 Delmont, 0A 15626 (853) 349-6013

3861	Woodridge Boute	vare
= wird:	ed , OH 45041	

INVOICE Invoice No. 160037 Date 06/14/2019 Page 1

					Terms 30	PG Num	
Date	Warned	T ores p	Dept.	Desc.	Rate	unite	Amount Due
06/03/19 Mon	07:00P - 07:15A	Baker, Tatyana (STNA)	LTC	S5 Regular	29.50	12.25	361.38
06/03/19 Man	07:00A - 07:00P	Besingi, Emilia (STNA)	LTC	S4 Regular	29.50	12.00	354.00
05/02/19 Sun	03:DDP - 11:00P	Brown, Sherrina (LPN)	LTC Assisted Living	S2 Regular Weekend	45.50	7.50	341.25
06/07/19 Fn	03:00P - 11:00P	Brown, Sherrina (LPN)	LTC - Assisted Living		42.50	7.50	318 75
05/03/19 Mon	07:00P = 07:00A	Coleman, Jazmyn (STNA)	LTC	SS Regular	29.50	12.00	354.00
06/08/19 Sat	07:00P - 07:00A	Coleman, Jazmyn (STNA)	170	SS Regular Weekend	32.50	12.00	390.00
06/05/19 Wed	07 50P - 07:00A	Francis, Sandra (STNA)	LTC	S5 Regular	29.50	12.00	354.00
06/07/19 Fri	07:00P - 07:00A	Francis, Sandra (STNA)	LTC	S5 Regular	29.50	12.00	354.00
		Irwin, Teresa (LPN)	LTC Assisted Living	S1 Regular	42.50	8.75	371.88
06/07/19 Fri	02 45P - 11:00P	Irwin, Teresa (LPN)	LTC - Assisted Living	SZ Regular	42.50	8.25	350.63
06/08/19 Sat	02:45P - 11:15P	Inwin, Teresa (LPN)	LTC - Assisted Living	52 Regular Weekend	45.50	8.50	386.75
		Kelly, Aryonna (STNA)	LTC	55 Regular	29.50	11.75	345.63
06/07/19 Fri	07:00P - 07:30A	Kelly, Aryonna (STNA)	LTC	S5 Regular	29.50	12 00	354,60
06/06/19 Thu	07:00A - 07:00P	Masters, Rondia (STNA)	LTC	54 Regular	29.50	11 50	339.25
06/04/19 fue	07 00A - 07:00P	Ponder, Ebony (STNA)	LTC	S4 Regular	29.50	11.50	339 25
			LTC	S4 Regular	29.50	11.50	339.25
06/02/19 Sun	07 00A - 07:00P	Rowe, Alexis (STNA)	LTC	S4 Regular Weekend	32.50	11.50	373.75
06/03/19 Man	07:00A - 07:00P	Rowe, Alexis (STNA)	£TC	S4 Regular	29.50	11:50	339.25
00/05/19 Wed	U7:00A - D7:00P	Rowe, Alexis (STNA)	LTC	S4 Regular	29.50	12.00	354.00
00/08/19 Sat	UZ:UUA - 03:15P	Rowe, Alexis (STNA)	LTC	S1 Regular Weekend	32.50	5.00	162.50
05/05/19 West	07:006 - 02:200	Upshaw, Tavaira (LPN)		S1 Overtime Weekend	48.75	3.25	158.44
05:07/19 Fri	07:00A - 07:00P			S4 Regular	42.50	12.50	531.25
				S4 Regular	42.50	12.00	\$10.00
05/02/19 Sun	07:000 - 03:000			\$1 Regular Weekend	45.50	8.00	364.00
-0,02,23011	U1.00: - 07,0(M	monter, ramara (SINA)		S5 Regular Weekend	32.50	11.50	373.75
			Woods	idge Healthcare Sub			8,821.96
				Inv	oice Total:	298.25	\$8,021.96

Please Send Payments to:
Tecticated Muning Associates for
\$350 William Ren himy Rt 22, Suite 201
Beltimore, Rk 1,552s
Beltimore and Beltimore in the Provincial Serving You
Beltimore than are paid during on the Investigat of Decontract with the charged interest at a rate of 1,555s



			L 35 L			
Pace Shift Warked		Dept.	Desc.	Rate	Unite	Amount Due
05/27/19 Mon 07:00A - 0:	7:GOP Upshaw, Tavarra (LPN)	LTC	54 Regular Holiday	42.50	12.00	\$10.00
05/28/19 TUE 07:00A - 0; 05/01/19 Sat 07:00A - 0;	3:00P Upshaw, Tavaira (LPN) 3:00P Upshaw, Tavaira (LPN)	LTC - Assisted Living		42.50	8.00	340.00
05/26/19 Sun 07:00P - 07	7:15A Walker, Tamara (STNA)	UTC - Skilled	S1 Regular Weekend S5 Regular Weekend	45.50	5.00	364.00 162.50
			S5 Regular Weekend Holiday		6.75	329.06
00/01/19 280 07:00H = 0)	7:00A Walker, Tamara (STNA)		SS Regular Weekend		11.50	373.75
			Woodridge Healthcare Sub	total: 3		10,768.33
			-		308130	910/100/33

DNA Northern Inc.

Dedicated Nursing Associates, Inc 6536 William Penn Itray Rt 22, Suite 201 Delmont, PA 15626 (855) 349-5013

Frontinge Healthcare 3301 Woodridge Boulevard Familield - QH 45041

INVOICE Invoice No. 160297 Oate 06/21/2019 Page 1

					Termo	PO Num	er
					35		
Date	Shift Worked	Temp	Dept.	Deac.	Rate	Units	Amount Di
6/09/19 Sun	07:00A - 07 COP	Baker, Tatyana (STNA)	LTC	S4 Regular Weekend	32.50	12.00	390.00
		Besingi, Emilia (STNA)	LTC	S4 Regular	29.50	11.50	339.2
6/07/19 Fri	07:00A - 07 COP	Besingi, Emilia (STNA)	LTC	54 Regular	29.50	11.50	339.2
		Brown, Sherrina (LPN)	LTC - Skilled	S4 Regular Weekend		12.00	546.00
6/13/19 Thu	07:00P - 07:00A	Caldwell, Bernadette (STNA)	LTC	SS Regular	29.50	11 50	339.2
5/04/19 Tue	07:00P - 12:00A	Coleman, Jazmyn (STNA)	LTC	SS Regular	29.50	5.00	147.5
6/09/19 Sun	07:00P - 07:00A	Coleman, Jazmyn (STNA)	LTC	55 Regular Weekend	32.50	12.00	390.00
6/11/19 Tue	07:00P - 07:00A	Coleman, Jazmyn (STNA)	LTC	SS Regular	29.50	12.00	354.0
6/14/19 Fr:	07:00P - 07:00A	Coleman, Jazmyn (STNA)	LTC	SS Regular	29.50	12.00	354.0
6/13/19 Thu	02:45P - 11:00P	Irwin, Teresa (LPN)	ETC - Assisted Living		42.50	8.25	350.6
5/04/19 Tue	07/00P - 12:15A	Kelly, Aryonna (STNA)	LTC	S5 Regular	29.50	4.50	132.7
				SS Regular	29.50	0.75	22.13
5/10/19 Mon	07100P - 07:15A	Kelly, Aryonna (STNA)	LTC	S5 Regular	29.50	11.75	346.6
		Ponder, Ebony (STNA)	LTC	S4 Regular	29.50	11.50	339.2
		Ponder, Epony (STNA)	LTC	54 Regular	29.50	11.50	339 2
E/10/19 Man	07:00A - 07:00P	Rowe, Alexis (STNA)	LTC	S4 Regular	29.50	12.00	354.00
6/10/19 Mon	07:00A - 07:00P	Upshaw, Taveire (LPN)	LTC	S4 Regular	42.50	12.00	510.00
5/09/19 Sun	07:00P - 07:00A	Walker, Tamara (STNA)	LTC	S5 Regular Weekend	32.50	11.50	373.75
5/13/19 Thu	07:00P - 07:00A	Walker, Tamara (STNA)	LTC	-	29.50	11.50	339.25
5/14/19 Fri	07:00P - 07:00A	Walker, Tamara (STNA)	LTC	55 Regular	29.50	11.50	339.25
5/10/19 Mon	07:00P - 07 COA	Wright, Alisha (STNA)	LTC	SS Regular	29.50	12.00	354.00
				dge Healthcare Sub			7,000.1
			*******		pice Total:		97.000.1

Please Send Payments to:
Ordonee Huming Associate Inc.
GISS White Ren Hay 81.22, Soite 20;
Defront, PA 15625
Their Only Associate Inc.
Their Only of Associate In

DNA

Dedicated Nursing Associates, Inc 6536 William Penn Hwy Rt 22, Suite 201 Demont, PA 15626 (855) 349-6013

INVOICE

 biss
 Shift Worked
 Temp
 Dept.
 Dept.
 Ratio
 Units
 Amount Date

 07/09/19 Tue
 07:00/A - 07:00P
 Lindsay, Angela (STNA)
 LTC
 S4 Regular
 29.50
 12.00
 394.00

 07/12/19 Fri
 10:30A - 07:00P
 Roper, Tahly (STNA)
 LTC
 S1 Regular
 29.50
 12.05
 20.75

 Woodridge Healthcare Subtrate
 20.50
 604.75

 Linwice Totals

Please Send Payments to:
Dedicate Numing Associates Inc.
6536 William Rent Hay Rt 22. Suize 201
Defmotty Rt 15626
Defmotty Rt 15626
Thank You for Allowing its the Printlege of Serving Yout.
All miniors that are past due per the terms of the contract will be charged incress at a rate of 1.5%.

DNA

Dedicated Nursing Associates, Inc 5536 William Penn Hwy Rt 22, Suite 201 Delmont, PA 15625 (855) 349-6013

INVOICE

Terms PO Number

 Date
 Shift Worked
 Temp
 Dept.
 Dept.
 Rate
 Units
 Amount Due

 07/16/19 Tue
 07/00A - 07/00P
 Roper, Tahir (STNA)
 LTC
 S4 Regular
 29.50
 11,50
 338.25

 07/17/19 Wed
 07/00A - 11:00A
 Roper, Tahir (STNA)
 LTC
 S4 Regular
 29.50
 4.00
 118.00

 Woodridge Healthcare Subtration
 18.00
 457.25
 457.25
 457.25

Please Send Payments to:
Dedicated Nummy associated for
SSSS William Pender hery 8t 22, Suite 201
Demont, Pa 15025
Thank Tour For Allowing Us the Privilege of Serving You!
All invoices that are past due per the rems of the contract will be charged interest at a rare of 1.5%

Dedicated Nursing Associates, Inc. 6536 William Penn Hwy Rt 22 Suite 201 Delmont, PA 15626

Bill To Woodridge Healthcare 3801 Woodridge Boulevard Fairfield, OH 45041

Invoice

Date	Invoice #
9/1/2019	3116i

Dedicated Nursing Associates, Inc.

6536 William Penn Hwy Rt 22 Suite 201 Delmont, PA 15626

Bill To	
Woodridge Healthcare 3801 Woodridge Boulevard Fairfield, OH 45041	

Invoice

Date	Invoice #
10/1/2019	3168i

Project

luantity	Description	Rate	Amount
10.768.33 Inv 8.833.03 Inv 7,000.14 Inv 118 Inv 236 Inv 604.75 Inv	erest on the following: value #159753 value #160037	0,0015 0,015 0,015 0,015 0,015 0,015 0,015	16.1 132.5 105.0 17.7 3.5 9.0,0 6.8
		Total	\$274.8

P O No

Quentity	Description	Rate	Amount
Interest on the follo	wing:		
10,768.33 Invoice #159753		0.0015	16.15
8.833.03 Invoice #160037		0.015	132.50
7,000.14 Invoice #160297		0.015	105.00
118 Invoice #161004		0.015	1,77
236 Invoice #161343 604.75 Invoice #161955		0.015 0.015	3.54 9.07
457.25 Invoice #162367		0.015	
274.89 Invoice #274.89		0.015	6.86
		1	
1			
1			
3			
		1	

P O No.

Terms

Total \$279.01 Dedicated Nursing Associates, Inc. 6536 William Penn Hwy Rt 22 Suite 201 Delmont, PA 15626

Invoice

Date	Invoice#
10/1/2019	3168i

Bill To	
Woodridge Hualtheare 3801 Woodridge Boulevant Fuirfield, OH 45041	

			P.O. No.	Terms	Project
				Net 30	
Quantity		Description		Rate	Amount
8.833.03 7,000.14 118 236 604.75 457.25	Interest on the following: Invoice #1979; Invoice #1070; Invoice #1670; Invoice #1670; Invoice #161007 Invoice #161004 Invoice #161004 Invoice #161004 Invoice #161004 Invoice #161004 Invoice #161005 Invoice #274.89			0 0 0 0	0015 16.1 1.015 132.2 1.015 105.6 1.015 105.6 1.015 3.3 1.015 3.3 1.015 3.6 1.015 4.1
				Total	\$279.0

EXHIBIT 27

Dedicated Nursing Associates, Inc 6536 William Penn Hwy Rt 22 Suite 201 Delmont, PA 15626

To Woodridge Healthcare 3801 Woodridge Broteward Fairfield, OH 45041 Statement

Date
10/8/2019

				Amount Due	Amount Eng
				\$27,890,18	
Date		Transaction		Amount	Balance
07/26/2019 09/01/2019	INV #189753. Due 01/107/20 INV #160029 Due 07/14/20 INV #160299 Due 07/12/20 INV #160299 Due 07/21/20 INV #161040 Due 08/44/20 INV #161343 Due 08/11/20 INV #161245 Due 08/11/20 INV #162367 Due 08/12/20 INV #162367 Due 08/12/20 INV #3168i. Due 10/31/2015	 Orig. Amount \$8,833. Orig. Amount \$7,000. Orig. Amount \$118.00. Orig. Amount \$18.00. Orig. Amount \$236.00. Orig. Amount \$604.75. Orig. Amount \$457.25. Orig. Amount \$274.89. 	93. 14. 5.	10,087 \$1 8,813.03 7,000.14 118.00 236.00 604.75 457.25 274.89 279.01	16,087 1 18,920,1 25,920,2 26,038 2 26,274,2 28,879,0 27,336 2 27,611,1 27,890,1
CURRENT	1-30 DAYS PAST DUE	31-90 DAYS PAST DUE	81-90 DAYS PAST	OVER 90 DAYS PAST DUE	Amount Due

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Ownership Information

AKRON HEALTHCARE 1211 W MARKET ST null AKRON, OH 44313 (330) 887-8530

*Ownership has changed within the past 12 months Ownership: For profit - Corporation Legal Business Name: AKRON HEALTHCARE LLC

Owners and Managers of AKRON HEALTHCARE

5% OR GREATER DIRECT OWNERSHIP INTEREST BOULDER OPERATIONS HOLDINGS LLC (190%), since 12/05/2018

5% OR GREATER INDIRECT OWNERSHIP INTEREST
BOULDER FG HOLDINGS LLC (NO PERCENTAGE PROVIDED), since 12/05/2018
BOULDER HEALTHCARE LLC (NO PERCENTAGE PROVIDED) is note 12/05/2018
BOULDER HEALTHCARE LLC (NO PERCENTAGE PROVIDED), since 12/05/2018
GOLDNER FAMILY TRUST (NO PERCENTAGE PROVIDED), since 12/05/2018
ROYAL OAK HOLDINGS LLC (NO PERCENTAGE PROVIDED), since 12/05/2018
BOULDER HOLDINGS LLC (NO PERCENTAGE PROVIDED), since 12/05/2018
BAPORE, MATTHEW (NO PERCENTAGE PROVIDED).

OPERATIONAL/MANAGERIAL CONTROL BERGSTEN, PAUL, since 12/05/2018 DAPORE, MATTHEW since 12/05/2018

OFFICER
BERGSTEN, PAUL, since 12/05/2018
DAPORE, MATTHEW, since 12/05/2018

MANAGING EMPLOYEE
PALYAK, LINDSEY, since 12/05/2018

Medicare.gov Nursing Home Compare

The Official U.S. Government Site for Medicars

Ownership Information

BELLEFONTAINE HEALTHCARE 221 NORTH SCHOOL STREET null BELLEFONTAINE, OH 43311 (937) 599-5123

*Ownership has changed within the past 12 months Ownership: Non-profit - Corporation Legal Business Name: BELLEFONTAINE HEALTHCARE LLC

Owners and Managers of BELLEFONTAINF HEALTHCARE

5% OR GREATER DIRECT OWNERSHIP INTEREST BOULDER OPERATIONS HOLDINGS LLC (100%), since 12/05/2018

5% OR GREATER INDIRECT COMPRESHIP INTEREST
BOULDER HEALTHCARE LLC (NO PERCENTAGE PROVIDED), since 12/05/2018
BOS TRUST (NO PERCENTAGE PROVIDED), since 12/05/2018
GOLDNER FAMILY TRUST (NO PERCENTAGE PROVIDED), since 12/05/2018
GOLDNER FAMILY TRUST (NO PERCENTAGE PROVIDED), since 12/05/2018
SG BOULDER HOLDINGS LLC (NO PERCENTAGE PROVIDED), since 12/05/2018
BERGSTEN, PAUL (NO PERCENTAGE PROVIDED), since 12/05/2018
DAPORE, MATTHEW (NO PERCENTAGE PROVIDED), since 12/05/2018

OPERATIONAL MANAGERIAL CONTROL BERGSTEN, PAUL, since 12/05/2018 DAPORE, MATTHEW, since 12/05/2018 FEIN, ARIEL, since 12/21/2018 GOLDNER, SUSAN, since 12/21/2018

OFFICER
BERGSTEN, PAUL, since 12/05/2018
DAPORE, MATTHEW, since 12/05/2018

MANAGING EMPLOYEE POWELL, KRISTIN, since 12/05/2018

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EUCLID BEACH HEALTHCARE Ownership Information

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The Official U.S. Government Site for Medicare

Ownership Information

EUCLID BEACH HEALTHCARE 16101 EUCLID BEACH BLVD null CLEVELAND, OH 44110 (216) 486-2300

*Ownership has changed within the past 12 months Ownership: Non profit - Other Legal Business Name: EUCLID BEACH HEALTHCARE LLC

Owners and Managers of EUCLID BEACH HEALTHCARE

5% OR GREATER DIRECT OWNERSHIP INTEREST BOULDER OPERATIONS HOLDINGS LLC (100%), since 12/05/2018

5% OR GREATER INDIRECT OWNERSHIP INTEREST
BOULDER FG HOLDINGS LLC (NO PERCENTAGE PROVIDED), since 12/05/2018
BOULDER HEALTHCARE LLC (NO PERCENTAGE PROVIDED), since 12/05/2018
BOULDER HEALTHCARE LLC (NO PERCENTAGE PROVIDED), since 12/05/2018
GOLDNER FAMILY TRUST (NO PERCENTAGE PROVIDED), since 12/05/2018
GOLDNER FAMILY TRUST (NO PERCENTAGE PROVIDED), since 12/05/2018
SG BOULDER HOLDINGS LLC (NO PERCENTAGE PROVIDED), since 12/05/2018
BERGSTEN, PAUL (NO PERCENTAGE PROVIDED), since 12/05/2018
DAPORE, MATTHEW (NO PERCENTAGE PROVIDED). since 12/05/2011

OPERATIONAL/MANAGERIAL CONTROL BERGSTEN, PAUL, since 12/05/2018 DAPORE, MATTHEW, since 12/05/2018

OFFICER
BERGSTEN, PAUL, since 12/05/2018
DAPORE, MATTHEW, since 12/05/2018

MANAGING EMPLOYEE FLUHART, LISA, since 12/05/2018

GREENVILLE HEALTHCARE Ownership Inform

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The Official U.S. Government Site for Medicare

Ownership Information

GREENVILLE HEALTHCARE 243 MARION DRIVE null GREENVILLE, OH 45331 (937) 548-3141

*Ownership has changed within the past 12 months Ownership: For profit - Corporation Legal Business Name: GREENVILLE HEALTHCARE LLC

Owners and Managers of GREENVILLE HEALTHCARE

5% OR GREATER DIRECT OWNERSHIP INTEREST BOULDER OPERATIONS HOLDINGS LLC (100%), since 12/05/2018

5% OR GREATER INDIRECT OWNERSHIP INTEREST
BOULDER PG HOLDINGS LLC (NO PERCENTAGE PROVIDED), since 12/05/2018
BOULDER HEALTHCARE LLC (NO PERCENTAGE PROVIDED), since 12/05/2018
BSD TRUST (NO PERCENTAGE PROVIDED), since 12/05/2018
GOLDNER FAMILY TRUST (NO PERCENTAGE PROVIDED), since 12/05/2018
ROYAL OAK HOLDINGS LLC (NO PERCENTAGE PROVIDED), since 12/05/2018
SG BOULDER HOLDINGS LLC (NO PERCENTAGE PROVIDED), since 12/05/2018
BERGSTEN, PAUL (NO PERCENTAGE PROVIDED), since 12/05/2018
BAPORE, MATTHEW (NO PERCENTAGE PROVIDED), since 12/05/2018

OPERATIONAL/MANAGERIAL CONTROL BERGSTEN, PAUL, since 12/05/2018 DAPORE, MATTHEW, since 12/05/2018 FEIN, ARIEL, since 12/21/2018 GOLDNER, SUSAN, since 12/21/2018

OFFICER BERGSTEN, PAUL, since 12/05/2018 DAPORE, MATTHEW since 12/05/2018

MANAGING EMPLOYEE ADAMS, ANGELA. since 12/05/2018

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Ownership Information

The Official U.S. Government Site for Medicare

NORTH OLMSTED HEALTHCARE 23225 LORAIN RD null NORTH OLMSTED, OH 44070 (440) 779-6900

*Ownership has changed within the past 12 months Ownership. For profit - Corporation Legal Business Name: NORTH OLMSTED HEALTHCARE LLC

Owners and Managers of NORTH OLMSTED HEALTHCARE

5% OR GREATER DIRECT OWNERSHIP INTEREST BOULDER OPERATIONS HOLDINGS LLC (100%), since 12/05/2018

5% OR GREATER INDIRECT OWNERSHIP INTEREST
BOULDER FG HOLDINGS LLC (NO PERCENTAGE PROVIDED), since 12/05/2018
BOULDER HEALTHCARE LLC (NO PERCENTAGE PROVIDED), since 12/05/2018
BOSO TRUST (NO PERCENTAGE PROVIDED), since 12/05/2018
GOLDNER FAMILY TRUST (NO PERCENTAGE PROVIDED), since 12/05/2018
GOLDNER FAMILY TRUST (NO PERCENTAGE PROVIDED), since 12/05/2018
SG BOULDER HOLDINGS LLC (NO PERCENTAGE PROVIDED), since 12/05/2018
BERGSTEN, PAUL (NO PERCENTAGE PROVIDED), since 12/05/2018
DAPORE, MATTHEW (NO PERCENTAGE PROVIDED), since 12/05/2018

OPERATIONAL/MANAGERIAL CONTROL BERGSTEN, PAUL, since 12/05/2018

OFFICER
BERGSTEN, PAUL, since 12/05/2018
DAPORE, MATTHEW, since 12/05/2018

MANAGING EMPLOYEE DAPORE, MATTHEW, since 12/05/2018 FARRIS, DEBORAH, since 12/05/2018

Ownership Information

MADEIRA HEALTHCARE 5970 KENWOOD ROAD null CINCINNATI, OH 45243 (513) 561-4111

*Ownership has changed within the past 12 months Ownership: For profit - Corporation Legal Business Name: MADEIRA HEALTHCARE LLC

Owners and Managers of MADEIRA HEALTHCARE

5% OR GREATER DIRECT OWNERSHIP INTEREST BOULDER OPERATIONS HOLDINGS LLC (100%), since 12/05/2018

5% OR GREATER INDIRECT OWNERSHIP INTEREST
BOULDER FG HOLDINGS LLC (NO PERCENTAGE PROVIDED), since 12/05/2018
BOULDER HEALTHCARE LLC (NO PERCENTAGE PROVIDED), since 12/05/2018
BOST TRUST (NO PERCENTAGE PROVIDED), since 12/05/2018
GOLDNER FAMILY TRUST (NO PERCENTAGE PROVIDED), since 12/05/2018
GOLDNER FAMILY TRUST (NO PERCENTAGE PROVIDED), since 12/05/2018
SG BOULDER HOLDINGS LLC (NO PERCENTAGE PROVIDED), since 12/05/2018
BERGSTEN, PAUL (NO PERCENTAGE PROVIDED), since 12/05/2018
DAPORE, MATTHEW (NO PERCENTAGE PROVIDED), since 12/05/2018

OPERATIONAL/MANAGERIAL CONTROL BERGSTEN, PAUL, since 12/05/2018 DAPORE, MATTHEW, since 12/05/2018

OFFICER BERGSTEN, PAUL, since 12/05/2018 DAPORE, MATTHEW, since 12/05/2018

MANAGING EMPLOYEE JOHNSON-CROOM, TRACY, since 12/05/2018

MAYFIELD HEIGHTS HEALTHCARE, Ownership Information

Medicare.gov Nursing Home Compare

WATERVILLE HEALTHCARE Ownership Information

The Official U.S. Government Site for Medicare

Ownership Information

WATERVILLE HEALTHCARE 8885 BROWNING DRIVE null WATERVILLE. OH 43566 (419) 878-8523

*Ownership has changed within the past 12 months Ownership: For profit - Corporation Legal Business Name: WATERVILLE HEALTHCARE LLC

Owners and Managers of WATERVILLE HEALTHCARE

5% OR GREATER DIRECT OWNERSHIP INTEREST BOULDER OPERATIONS HOLDINGS LLC (100%), since 12/05/2018

5% OR GREATER INDIRECT OWNERSHIP INTEREST
BOULDER FG HOLDINGS LLC (NO PERCENTAGE PROVIDED), sincs 12/05/2018
BOULDER HEALTHCARE LLC (NO PERCENTAGE PROVIDED), sincs 12/05/2018
BSD TRUST (NO PERCENTAGE PROVIDED), since 12/05/2018
GOLDNER FAMILY TRUST (NO PERCENTAGE PROVIDED), since 12/05/2018
GOLDNER FAMILY TRUST (NO PERCENTAGE PROVIDED), since 12/05/2018
SG BOULDER HOLDINGS LLC (NO PERCENTAGE PROVIDED), since 12/05/2018
BRGSTEN, PAUL (NO PERCENTAGE PROVIDED), since 12/05/2018
DAPORE, MATTHEW (NO PERCENTAGE PROVIDED), since 12/05/2018

OPERATIONAL/MANAGERIAL CONTROL BERGSTEN, PAUL, since 12/05/2018 DAPORE, MATTHEW, since 12/05/2018 FEIN, ARIEL, since 12/21/2018 GOLDNER, SUSAN, since 12/21/2018

OFFICER BERGSTEN, PAUL, since 12/05/2018 DAPORE, MATTHEW, since 12/05/2018

MANAGING EMPLOYEE PERKINS, BENJAMIN, since 12/05/2018

Medicare.gov | Nursing Home Compare The Official U.S. Government Sile for Medicare

Ownership Information

MAYFIELD HEIGHTS HEALTHCARE. 6757 MAYFIELD RD nuli MAYFIELD HEIGHTS, OH 44124 (440) 473-0090

*Ownership has changed within the past 12 months Ownership. Non profit - Corporation Legal Business Name MAYFIELD HEIGHTS HEALTHCARE LLC

Owners and Managers of MAYFIELD HEIGHTS HEALTHCARE.

5% OR GREATER DIRECT OWNERSHIP INTEREST BOULDER OPERATIONS HOLDINGS LLC (100%), since 12/05/2018

5% OR GREATER INDIRECT OWNERSHIP INTEREST
BOULDER FG HOLDINGS LLC (NO PERCENTAGE PROVIDED), since 12/05/2018
BOULDER HEALTHCARE LLC (NO PERCENTAGE PROVIDED), since 12/05/2018
BOD TRUST (NO PERCENTAGE PROVIDED), since 12/05/2018
GOLDNER FAMILY TRUST (NO PERCENTAGE PROVIDED), since 12/05/2018
GOLDNER FAMILY TRUST (NO PERCENTAGE PROVIDED), since 12/05/2018
SG BOULDER HOLDINGS LLC (NO PERCENTAGE PROVIDED), since 12/05/2018
BOAPORE, MATTHEW (NO PERCENTAGE PROVIDED), since 12/05/2018

OPERATIONAL/MANAGERIAL CONTROL BERGSTEN, PAUL, since 12/05/2018 DAPORE, MATTHEW, since 12/05/2018

OFFICER
BERGSTEN, PAUL, since 12/05/2018
DAPORE, MATTHEW, since 12/05/2018

MANAGING EMPLOYEE
BIVINS, TIARA, since 12/05/2018

https://www.maclic.ure.gov/ourninghouses-compare resumation-info htm/#[[hx3656]7

Medicare.gov | Nursing Home Compare The Official U.S. Government Site for Medicare

Ownership Information

WOODRIDGE HEALTHCARE 3801 WOODRIDGE BOULEVARD null FAIRFIELD, OH 45014 (513) 874-9933

*Ownership has changed within the past 12 months Ownership: For profit: Corporation Legal Business Name: WOODRIDGE HEALTHCARE LLC

Owners and Managers of WOODRIDGE HEALTHCARE

5% OR GREATER INDIRECT OWNERSHIP INTEREST
BOULDER FG HOLDINGS LLC (NO PERCENTAGE PROVIDED), since 12/05/2018
BOULDER HEALTHCARE LLC (NO PERCENTAGE PROVIDED), since 12/05/2018
BOULDER OPERATIONS HOLDINGS LLC (NO PERCENTAGE PROVIDED), since 12/05/2018
BOULDER OPERATIONS HOLDINGS LLC (NO PERCENTAGE PROVIDED), since 12/05/2018
GOLDNER FAMILY TRUST (NO PERCENTAGE PROVIDED), since 12/05/2018
GOLDNER FAMILY TRUST (NO PERCENTAGE PROVIDED), since 12/05/2018
BERGSTEN, PAUL (NO PERCENTAGE PROVIDED), since 12/05/2018
BERGSTEN, PAUL (NO PERCENTAGE PROVIDED), since 12/05/2018
DAPORE, MATTHEW (NO PERCENTAGE PROVIDED), since 12/05/2018

OPERATIONAL/MANAGERIAL CONTROL BERGSTEN, PAUL, since 12/05/2018 DAPORE, MATTHEW. since 12/05/2018

OFFICER
BERGSTEN, PAUL, since 12/05/2018
DAPORE, MATTHEW, since 12/05/2018

http://www.medicare.gov/nursinghomecomputer in neiship info.html#H>. 365738

Break LTC

MANAGING EMPLOYEE BOWMAN, TARA, since 12/05/2018

EXHIBIT 29

John R. Ashcroft MISSOURI ONLINE BUSINESS FILING Missouri Secretary of State

Search for a Business Entity

Deart Mater's enterches should installe parachers there were (inc., ic., etc.) and punctuation are recommend you do not metude fresh for other administration. Search for a Business Entity Business Name Reach LTC includes names - Blanting With \$ - Only Active Corporations Search Results as of 10/4/2019 12:47 PM Boost LTC 3001364161 7/12/2019 2001/50000E Francia Name (Domestic) 2001/20000E Francia Name (Domestic) Beach LTC 87/9019

EXHIBIT 30

kmps and income pro-Human diality UE Search aspx?SearchType=0

Case 2:23-cv-01597-JFC-RAL Document 1-6 Filed 09/05/23 Page 134 of 153



X001364161 Date Filed: 7/12/2019 Expiration Date: 7/12/2024 John R. Ashoroft Missouri Secretary of State

Registration of Fictitious Name

Substance of Preclination in processing to the public and gives no protection to the name being registered. There is no provision in this Chapter to keep another person or business entity from adopting and using the same name. The fictitious name registration expires 5 years from the filing date. (Chapter 417, RSMo)

New						
Registration [Renewal		☐ Amendme	ent		Correction
	Ch	arter number		Charter number		Charter number
The undersigned is doing	business under th	he following a	ame and at the fa	Bowing address:		
Business name to be regis						
Business Address: 22 H						
	Box may only be us		a physical street as	(dress)		
City, State and Zip Code:	Lawrence, NY 1	1559				
Owner Information:						
f a business entity is an o	wner, indicate busin	ness name and n	percentage gwnea	If all parties are join	uly and seve	rally liable nementage
of ownership need not be						
susiness, and the percenta						
Name of Owners.	Charter#					
Individual or Business	Required If Business					If Listed, Percentage of Ownership Must
Entity	Entity	Street and N	iumber	City and State	Zip Code	
SRZ MGMT						
	ET 001433630	221 Deliver 6		T-00	*****	100.00
HOLDINGS LLC	FL001423630	221 Bolivar S	Street	Jefferson City, MO	65101	100.00
		221 Bolivar S	Street	Jefferson City, MO	65101	100.00
HOLDINGS LLC All owners must affirm to Affirmation thereof, the	y signing below facts stated above	are true and co	rrect:			
HOLDINGS LLC	y signing below facts stated above	are true and co	rrect:			
HOLDINGS LLC All owners must affirm to a Affirmation thereof, the	y signing below facts stated above	are true and co	rrect: object to the penalties		r Section 575.0	
HOLDINGS LLC All owners must affirm to a Affirmation thereof, the	ry signing below facts stated above at false statements usade	are true and con in this filing are w	rrect: object to the penalties	of a false declaration unde	r Section 575.0	

Corp. 56 (09/2010)

if Listed, Percentage of Ownership Must Equal 100%

100.00



City, State, and Zip Code:

State of Missouri John R. Ashcroft, Secretary of State Corporations Division PO Box 778 / 600 W. Main St., Rm. 322 Jefferson City, MO 65102

X001366607 Date Filed: 8/7/2019
Expiration Date: 8/7/2024
John R. Ashoroft
Missouri Secretary of State

Sub-th with filing fee of \$7.00)

(Main to report on the filing fee of \$7.00)

(Main to report on principl)

This information is for the use of the public and gives no protection to the name being registered. There is no provision in this Chapter to keep another person or business entity from adopting and using the same name. The fictitious name registration expires 5 years from the filing date (Chapter 417, RSMo)

Please check one box:

22	New Registration		Renewal	Charter number	Amendment	Charter number	_ 0	Correction	Charter number
The un	dersigned is de	ing b	usiness unc	ler the following name	and at the folio	wing address:			
Busine	ss name to be re	gister	ed: Read	LTC					
Busine	ss Address: 4	960 L	aclede Ave						
		(PO E	Box may only	he used in addition to a pl	visical street addr	ess)			
City, S	inte and Zip Cou	le: _5	St Louis, M	D 63108					
Owner	Information:								
of own		be list	ed. Please a	business name and perc ttach a separate page for re:					

Name of Owners, Individual or Business Entity SIRO MGMT Royal Oak LLC FL001427111 221 Bolivar Street

Charter # Required If Business Entity

All owners must affirm by signing below In Affirmation thereof, the facts stated above are true and correct iThe undersigned understands that false statements made in this filing are subject subject to the penalties of a false declaration under Section 575,060 RSMo).

SIRO MGMT ROYAL OAK LLC - SAMUEL SIRO MGMT Royal Oak LLC - Samuel Goldner GOLDNER 08/07/2019

City and State

Jefferson City, MO 65101



State of Missouri John R. Ashcroft, Secretary of State Corporations Division PO Box 778 / 600 W. Main St., Rm. 322 Jefferson City, MO 65102

X001366608 Date Filed: 8/7/2019 Expiration Date: 8/7/2024 John R. Ashoroft Missouri Secretary of State

Registration of Fictitious Name

Charles and the first of the state of the public and gives no protection to the name being registered. There is no provision in this Chapter to keep another person or business entiry from adopting and using the same name. The fictitious name registration expires 5 years from the filling date (Chapter 417, RSMo)

Please check one box:

Business name to b Business Address: City, State and Zip Owner Information of a business entity of ownership need	c registered: Reac 6400 The Cedars ((PO Box may only Code: Cedar Hill. en: is an owner, indicate	h LTC to be used in addition MO 63016	on to a physical stre	he following address:		
Business Address: City, State and Zip Dwner Information If a business entity of ownership need	6400 The Cedars (PO Box may only Code: Cedar Hill.	01 be used in odditi MO 63016		es address)		
Dity, State and Zip Dwner Information If a business entity of ownership need	(PO Box may only Code: Cedar Hill. en: is an owner, indicate	be used in additi MO 63016		es address)		
Owner Information of a business entity of ownership need	Code: Cedar Hill. n: is an owner, indicate	MO 63016		et adstress;		
Owner Information of a business entity of ownership need	n: is an owner, indicate			-		
f a business entity of ownership need	is an owner, indicate	hurinara assas				
of ownership need		horingen annua				
		Origine 22 USESSE	and percentage ov	vned. If all parties are join	tly and severa	lly liable, percentage
			page for more the	an three owners. The parti	es having an i	nterest in the
ousiness, and the po	ercentage they own a	re.				
Name of Owners	Charter # Required	If				If Listed, Percenta
Individual or Bu		-				of Ownership Mus
Entity SIRO MGMT Big	Entity	Street a	nd Number	City and State	Zip Code	Equal 100%
LLC	FL001427	116 221 Boli	var Street	Jefferson City, MO	65101	100.00
				BIG RIVER LLC - SAM	0.048.	
	River LLC - Samuel whorized Signature of Bus		GOLDNER Printed Name			18/07/2019 Pate



State of Missouri

All owners must affirm by signing below

John R. Ashcroft, Secretary of State Corporations Division
PO Box 778 / 600 W. Main St., Rm. 322
Infferson City, MO 65102

X001366606 Date Filed: 8/7/2019
Expiration Date: 8/7/2024
John R. Ashoroft
Missouri Secretary of State

Registration of Fictitious Name

Subert with filing for of \$10.05.

This information is for the use of the public and gives no protection to the name being registered. There is no provision in this Chapter to keep another person or business entity from adopting and using the same name. The fictitious name registration expires 5 years from the filing date. (Chapter 417, RSMo)

Please check one box:

586	New Registration	0	Renewal	Charter number	[]	Amendment	Charter number	Correction	Charter number
	dersigned is do			der the followin	g name a	and at the follo	wing address:		
	s Address: _5	303 B	ermuda Dr	be used in additio	m to a phy.	sical street addre	-w)		
City, Sta	ate and Zip Co	ie: ?	Normandy.	MO 63121					
Owner	Information:								
f a busi	ness entity is a	n own	er, indicate	business name a	and percer	ntage owned. If	all parties are jointly and s	everally liable	, percentage

of ownership need not be listed. Please attach a separate page for more than three owners. The parties having an interest in the business, and the percentage they own are:

Name of Owners, Individual or Business Entity SIRO MGMT Oakwood	Required If Business Entity	Street and Number	City and State	Zip Code	If Listed, Percentage of Ownership Must Equal 100%
LLC	FL001427114	221 Bolivar Street	Jefferson City, MO	65101	100,00

Affirmation thereof, the	facts s	are tr	uc and o	orrect:					

	SIRO MGMT OAKWOOD LL	C - SAMUEL
SIRO MGMT Oakwood LLC - Samuel Goldner	GOLDNER	08/07/2019
Owner's Signature or Anthorized Signature of Business Entity	Printed Name	Date

ame and address to return filed document:	Name and address to return filed document.
Vame. Susan R. Winkelman	Name: Susan R. Winkelman
ddress: Email: Susan.Winkelman@huschblackwell.com	Address: Email: Susan Winkelman@huschblackwell.com
ity. State, and Zip Code:	City. State, and Zip Code:

Zip Code



State of Missouri John R. Ashcroft, Secretary of State

X001366605 Date Filed: 8/7/2019 Expiration Date: 8/7/2024 John R. Ashoroft Missouri Secretary of State

This information is for the use of the public and gives no protection to the name heing free protection.

This information is for the use of the public and gives no protection to the name being registered. There is no provision in this Chapter to keep another person or business entity from adopting and using the same name. The fictitious name registration expires 5 years from the filing date. (Chapter 417, RSMo)

Please check one box:

wher Information: a business entity is an owner, indicate ownership need not be listed. Please a siness, and the percentage they own ar chame of Owners, adividual or Business unity State and Zip Code: St Joseph 20 St Joseph 20 State ph 20 State	LTC be used m addition to a physical street to 64506 business name and percentage ov tach a separate page for more that:	et address) vned. If all parties are jo	nintly and severa	ally liable, percentage
ty State and Zip Code: St fought.) where Information: a business entity is an owner, indicate ownership need not be listed. Please a siness, and the percentage they own ar Charter # iame of Owners, addividual or Business mitry Entity Entity	tO 64506 Dustriess name and percentage over tach a separate page for more than the control of t	med. If all parties are jo	intly and severa	ally liable, percentage
ny State and Zip Code: St foreigh , where Information: a business entity is an owner, indicate ownership need not be listed. Please in siness, and the percentage they own ar charter w ame of Owners, addividual or Business mitry Entity Entity	tO 64506 Dustriess name and percentage over tach a separate page for more than the control of t	med. If all parties are jo	nintly and severa	ally liable, percentage
wher Information: a business entity is an owner, indicate ownership need not be listed. Please a siness, and the percentage they own ar Charter # Required I Business Zuity Entity	ousiness name and percentage ov tach a separate page for more that:	rned. If all parties are journ three owners. The parties	intly and severa	ally liable, percentage
a business entity is an owner, indicate ownership need not be listed. Please a siness, and the percentage they own ar Charter # Game of Owners, Required I Business Business Business Butty	tach a separate page for more that:	wheel. If all parties are journ three owners. The parties	intly and severa	ally liable, percentage
ownership need not be listed. Please a siness, and the percentage they own are Charter # lamse of Owners, Required I Business	tach a separate page for more that:	med. If all parties are journel, three owners. The pa	intly and severa	illy liable, percentage
iame of Owners, Required I adividual or Business Business intity Entity	r			ntcrest in the
	Carried and Mr. A			If Listed, Percentage of Ownership Must
	Street and Number	City and State	Zip Code	Equal 100%
LC LC0016494	86 120 South Central Ave.	Clayton, MO	63 105	100.00
ach AW Management LLC - Samuel	ioldner GOLDNER	MANAGEMENT LLC		8/07/2019
ner's Signature or Authorized Signature of Busin	ess Entity Printed Name			late
The undersigned understands that false determina- icach A.W. Management LLC - Samuel (honer a Signature of Authorized Signature of Businese)	REACH AW !		- SAMUEL 0	8/07/2019

DOC ID ---> 202131201968

Receipt
This is not a bill Please do not remit payment.

UNISEARCH INC. 3958-D BROWN PARK DR HILLIARD, OH 43026

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Frank LaRose 4770749

RIGHLAND SQUARE REHABILITATION AND NURSING CENTER

and, that said business records show the filting and recording of:

Document(s)

TRADE NAME REGISTRATION

Effective Date: 11/95/1011

202131201968

Date of First Use:

11/05/2026

BUCKEYE FOREST AT AKRON I.I.C I 1800 ROCKAWAY AVE, STE, 700 HEWLETT, NY 11357



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 8th day of November, A.D. 2021.

FILLE Ohio Secretary of State

DOC ID ---> 202131201968

om SAAA Prescribed by Frank LaRose Olde Geoverney of Olde The order or to name advancation (Lotted per The order or to name advancation (Lotted per Larose orders, Infinite is traveless to come of the calls.	Bird 6de Potre to lace of tips believeling Ringbar Policy plan requestry P O the 6de Colorities, CH 43218 Exchantine, CH 43218 Exchantine Policy I have benefitted day procusioning time From 1988 Ringbare on redditional 6485, Eq. Colorities
Name Registration Filing Fee: \$39 Form Must Be Typed CHECK CNLY ONE (1) Box Track Name Date of first use 1104/2021	ne.
(167-RNO) MINIODYYY (169-NFO)	
Highland Square Rehabilitation and Nursing Center	
Name being Registered or Reported	
Buckeye Forest at Akron LLC	
Name of the Registrant	
Note: If the registrant is a partnership, please provide the name of the partnership not permitted but are required on page 2 of the form.	. Individual partner names are
Registrant's Entity Number (if registered with Ohio Secretary of State) 4763926	200 100
til registrants wust complete the information in this section	4 5
he general nature of business conducted by the registrant:	- 1 3 3
Ownership and operation of an Assisted Living, Nursing Care, and/or independent Living	g facility in this state & One
usinesa addresa.	
1800 Rocksway Avenue, Suite 200	
Malling Address	
Hender MY	11557
City State	ZIP Code

EXHIBIT 31

DOC ID ---> 202131201968

	registered, provide reg	tetration number on page	registered in Ohlo pursuant to	1
Provide the name and addre	as of <u>at locat one</u> general	periner;		1
Nume		Address		1
				1
				1
				1
				П
transact business in Olus, if assumed name, please prov			ad liability company, it must be licensed to ifly company licensed in Ohio under an its jurisdiction of formation	
By signing and submitting the	s form to the Ohio Secrets	try of State, the undersigne	id hereby certifies that he or she has the	
Required	-			
Lopication must be	Set-			
igned by the registrant or	Signature			
in authorized representative.				
euthorized representative	By (if applicable)			
s an individual, then they must sign in the "signature"				
ox and print their name	Diana Johnson, Authoria	zed Person		1
the "Print Name" box.	Print Name			
f authorized representative is lox, an authorized representa lox.	a business entity, not an alive of the business entity	individual, then please print must sign in the "By" soul	of the business name in the "signature" and privil their name in the "Print Name"	

Highland Square Nursing and Rehabilitation

Ownership

Legal business name Buckeye Forest at Akron LLC

Ownership type
For profit - Corporation

Contact info 1211 W Market St Akron, OH 44313 (330) 867-8530

EXHIBIT 32

Owners and managers of Highland Square Nursing and Rehabilitation

OWNER 5% or greater direct ownership interest

KATZ, LARRY (100%) since 12/31/2021

DIRECTOR

KATZ, LARRY

https://www.medicare.gov/care-compare/details/nursing-home/3653187city=AkronEstate-ON@signatio-signations-dealts@messure-anusing-home-ownership
Page 1 of 2

9/12/22, 10:26 AM

since 12/31/2021

OFFICER

KATZ, LARRY

since 12/31/2021

LAHASKY, EPHRAM

since 12/31/2021

MANAGING EMPLOYEE

MARTIN, AMY since 12/31/2021

X

Ayden Healthcare of Belle Springs.

Ownership

Legal business name Buckeye Forest at Bellefontaine LLC

Ownership type For profit - Corporation

Contact info 221 North School Street Bellefontaine, OH 43311 (937) 599-5123

Owners and managers of Ayden Healthcare of Belle Springs.

https://www.medicare.gov/care-compare/detaits/nursing-home/365615....llefontaine&state_OH&zipi.ode: 43311&measureinursing-home-ownership

View detailed ownership information on all nursing homes

OWNER

5% or greater direct ownership interest

LAHASKY, EPHRAM (100%)

since 12/31/2021

DIRECTOR

MORHAIME, ANN

since 12/31/2021

OFFICER

MORHAIME, ANN

since 12/31/2021

MANAGING EMPLOYEE

MORRIS, LORI

since 12/31/2021

Frank LaRose This Scoretary of State

Wed Oct 05 2022

10/5/22, 1:28 PM

Entity#:

Filing Type:

REGISTERED TRADE NAME

https://www.medicars.gov/care-compare/cetails/nursing-home/366615...lefontaine&state=QH&zipcode=4331t&measure=nursing-home-ownership

Original Filing Date:

11/05/2021

Location:

Business Name:

GARDENS OF EUCLID BEACH

Active

Exp. Date:

11/05/2026

Agent/Registrant Information

BUCKEYE FOREST AT CLEVELAND LLC 1800 ROCKAWAY AVE., STE. 200 HEWLETT NY 11557 Active

Filings

Filing Type	Date of Filing	Document ID
TRADE NAME/ORIGINAL FILING	11/05/2021	202131201972

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han this 5th of Cheese of State

Other Secretary of State Fred John

X

Gardens of Euclid Beach

Ownership

Legal business name **Buckeye Forest at Cleveland**

Ownership type For profit - Corporation

Contact info 16101 Euclid Beach Blvd Cleveland, OH 44110 (216) 486-2300

EXHIBIT 35

Owners and managers of Gardens of Euclid Beach

View detailed ownership information on all nursing homes

OWNER

5% or greater direct ownership interest

FEUER, SAMUEL (100%)

since 12/31/2021

DIRECTOR

KATZ, LARRY

https://www.medicara.gov/coro-compon/cots/fs/nursing home/30559. _Cleveland&state_0-15/tocode_451ULt results nursing home ownership

since 12/31/2021

LAHASKY, EPHRAM

since 12/31/2021

OFFICER

KATZ, LARRY

since 12/31/2021

LAHASKY, EPHRAM

since 12/31/2021

MANAGING EMPLOYEE

BIGGS, KARIN since 12/31/2021

Case 2:23-cv-01597-JFC-RAL Document 1-6 Filed 09/05/23 Page 140 of 153

	10/5/22, 1:32 PM		10/5/22, 1:3
Ayden Healthcare of Greenville	×	since 12/31/2021	
Ownership		OFFICER	
Legal business name Buckeye Forest at Greenville LLC		MORHAIME, ANN since 12/31/2021	
Ownership type For profit - Partnership		MANAGING EMPLOYEE	
Contact info 243 Marion Drive Greenville, OH 45331 (937) 548-3141		MANUEL, JAMES since 12/31/2021	

View detailed ownership information on all nursing homes

OWNER

5% or greater direct ownership interest

medicare gov/care compare/detail tinurang himme/169337 Greenwills&state=OH&Hpcsus=45331&measure=nursing home-ownership

Owners and managers of Ayden Healthcare of Greenville

LAHASKY, EPHRAM (100%) since 12/31/2021

DIRECTOR

MORHAIME, ANN

ruve unit in the second and the second of t

10/5/22, 1:34 PM

×

Ayden Healthcare of Madeira

Ownership

Legal business name Buckeye Forest at Madeira LLC

Ownership type
For profit - Corporation

Contact info 5970 Kenwood Road Cincinnati, OH 45243 (513) 561-4111

EXHIBIT 37

Owners and managers of Ayden Healthcare of Madeira

View detailed ownership information on all nursing homes

OWNER

5% or greater direct ownership interest

KAZARNOVSKY, SOLOMON (50%)

since 12/31/2021

STEIN, ABBA (50%)

since 12/31/2021

OPERATIONAL/MANAGERIAL CONTROL

https://www.medicare.gov/care-compare/details/nursing-home/36518_.ty_Madeira&state_OH&upcode=45243&measure=nursing-home-ownership

Page 1 of

10/5/22, 1:34 Ps

KAZARNOVSKY, SOLOMON

since 12/31/2021

STEIN, ABBA

since 12/31/2021

OFFICER

KAZARNOVSKY, SOLOMON

since 12/31/2021

EXHIBIT 38

https://www.medicare.gov/care-transparenterfast/mursing-floore/36518_iry=Madeira&state_OHitzipcode_45243&measurezoursing-home ownership Page 2 of 2



Wed Oct 05 2022

Entity#:

4763936

Filing Type:

FOREIGN LIMITED LIABILITY COMPANY

Original Filing Date:

10/22/2021

Business Name:

BUCKEYE FOREST AT MAYFIELD HEIGHTS LLC

Status:

Amtico

Exp. Date:

Active

Filings

Filing Type	Date of Filing	Document ID
FOREIGN LLC - CERTIFICATE OF REGISTRATION	10/22/2021	202129801354
TRADE NAME/ORIGINAL FILING	11/05/2021	202131201974
FOREIGN AGENT RESIGNATION	09/01/2022	202224403546

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Fil John

Case 2:23-cv-01597-JFC-RAL Document 1-6 Filed 09/05/23 Page 142 of 153

10/5/22, 1.35

X

10/5/22, 1:35 PM

Cardens of Mayfield Village

Ownership

Legal business name

Buckeye Forest at Mayfield Heights LLC

Ownership type

For profit - Corporation

Contact info

6757 Mayfield Rd

Mayfield Heights, OH 44124

(440) 473-0090

Owners and managers of Cardens of Mayfield Village

View detailed ownership information on all nursing homes

OWNER

5% or greater direct ownership interest

WEISZ, MORDECHAI (100%)

since 12/31/2021

DIRECTOR

KATZ, LARRY

since 12/31/2021

LAHASKY, EPHRAM

since 12/31/2021

OFFICER

KATZ, LARRY

since 12/31/2021

LAHASKY, EPHRAM

since 12/31/2021

MANAGING EMPLOYEE

DEUTSCH, PAUL

since 12/31/2021

Frank LaRose

Wed Oct 05 2022

Entity#:

4770753

Filing Type:

REGISTERED TRADE NAME

https://www.medicara.gov/care-compare/details/nursing-home/36535_22HeighteSciete-6H8.tipcode-64124&measura-minsing-home-ownership

Original Filing Date:

11/05/2021

Location:

Business Name:

GARDENS OF NORTH OLMSTED

Status:

Active

Exp. Date:

11/05/2028

Agent/Registrant Information

BUCKEYE FOREST AT NORTH OLMSTED LLC 1800 ROCKAWAY AVE., STE 200 HEWLETT NY 11557 11.05/2021 Active

Filings

Filing Type	Date of Filing	Document ID
TRADE NAME/ORIGINAL FILING	11/05/2021	202131201976

UNITED STATES OF AMERICA
STATE OF OTHER OF STATE

Frank Inflies Sections of both of the America of the State of the side before configuration of the State of the side of the State of the



Witness my hand and the soul of the Societies of State at Columbia, Theo this 5th of societies A.D. 2022. Chia Secretary of State

10/5/22, 2:31 PM

X

Gardens of North Olmsted

Ownership

Legal business name

Buckeye Forest at North Olmstead LLC

Ownership type

For profit - Corporation

Contact info

23225 Lorain Rd North Olmsted, OH 44070

(440) 779-6900

EXHIBIT 41

Owners and managers of Gardens of North Olmsted

View detailed ownership information on all nursing homes

OWNER

5% or greater direct ownership interest

LESHKOWITZ, ELI (100%)

since 12/31/2021

DIRECTOR

KATZ, LARRY

https://www.medicare.gov/care.compare/details/nursing-home/36531_200/msted8state_CH62/pc6a=445766measure.mursing-home-ownership

Page 1 of

10/5/22, 2:31 PM

since 12/31/2021

LAHASKY, EPHRAM

since 12/31/2021

OFFICER

KATZ, LARRY

since 12/31/2021

LAHASKY, EPHRAM

since 12/31/2021

MANAGING EMPLOYEE

SOLTIS, ERIN

since 12/31/2021

X

9/12/22, 10:11 AM

Ayden Healthcare of Waterville

Ownership

Legal business name Buckeye Forest at Waterville

Ownership type For profit - Corporation

Contact info 8885 Browning Drive Waterville, OH 43566 (419) 878-8523

Owners and managers of Ayden Healthcare of Waterville

https://www.medicare.gov/care/compare/dotaris/nameling-tome/0803017...Waterville&state=OH&appoods=60566&measurs=nutsing-home_ownership

OWNER

5% or greater direct ownership interest

LAHASKY, EPHRAM (100%)

since 12/31/2021

OFFICER

MORHAIME, ANN

since 12/31/2021

MANAGING EMPLOYEE

SOLLER, BRIAN since 12/31/2021

Frank LaRose Ohio Secretary of State

Wed Oct 05 2022

Entity#:

4550830

Filing Type:

REGISTERED TRADE NAME

Original Filing Date:

09/30/2020

Location:

Business Name:

AYDEN HEALTHCARE OF FAIRFIELD

https://www.medicase.gov/care-campais/detait/hursing-home/365617. Watervilles state-CM6-(prode-435666meators-nursing-home-owderships-od-45666meators-nursing-home-owde

Status:

Active

Exp. Date:

09/30/2025

Agent/Registrant Information

WOODRIDGE HEALTHCARE LLC 3801 WOODRIDGE BOULEVARD FAIRFIELD OH 45014 09/30/2020

Filings

Filing Type TRADE NAME/ORIGINAL FILING 202027403804

> 4 NITED STATES OF AMERICA STAIL OF OHRO OFFICE OF SECRETARY OF SEATH I Frank Lafton: Secretary of State of the State of Olivo do hereby certify that this is a first of all records approved on flay business comic and in the custods of the Secretary of State



Olio Secretary of State Fred Lan



Wed Oct 05 2022

Entity#:

Filing Type:

Location:

REGISTERED TRADE NAME

Original Filing Date:

04/12/2022

Business Name:

AYDEN HEALTHCARE OF FAIRFIELD

Active

Exp. Date:

04/12/2027

Agent/Registrant Information

BUCKEYE FOREST AT FAIRFIELD LLC 3801 WOODRIDGE BOULEVARD FAIRFIELD OH 45014 04/12/2022 Active

EXHIBIT 44

Filings

Fiting Type	Date of Filing	Document ID	
TRADE NAME/ORIGINAL FILING	04/12/2022	202210200744	

UNITED STATES OF AMERICA STATE OF ORIO OFFICE OF SECRETARY OF STATE I. Prima ladders, he receive of State of the disk of their dishereby compy that this is a list of all records approved in this his in a continued to and a sixtody of the Secretary of State



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Page 1 of 1

9/15/22, 1 16 PM

Ayden Healthcare of Fairfield

Ownership

Legal business name **Buckeye Forest at Fairfield LLC**

Ownership type

For profit - Corporation

Contact info 3801 Woodridge Boulevard Fairfield, OH 45014 (513) 874-9933

KAZARNOVSKY, SOLOMON X

since 12/31/2021

STEIN, ABBA

since 12/31/2021

OFFICER

KAZARNOVSKY, SOLOMON

since 12/31/2021

Owners and managers of Ayden Healthcare of Fairfield

OWNER

5% or greater direct ownership interest

KAZARNOVSKY, SOLOMON (50%)

since 12/31/2021

STEIN, ABBA (50%)

since 12/31/2021

OPERATIONAL/MANAGERIAL CONTROL



Wed Oct 05 2022

Entity#:

Location:

4783926

Filing Type:

FOREIGN LIMITED LIABILITY COMPANY

Original Filing Date:

10/22/2021

Business Name:

BUCKEYE FOREST AT AKRON LLC

Status:

Exp. Date:

Agent/Registrant Information

NATIONAL REGISTERED AGENTS, INC. 4400 EASTON COMMONS WAY, SUITE 125 COLUMBUS OH 43219 09/19/2022

Filings

Filing Type	Date of Filing	Document ID
FOREIGN LLC - CERTIFICATE OF REGISTRATION	10/22/2021	202129801334
TRADE NAME/ORIGINAL FILING	11/05/2021	202131201968
FOREIGN AGENT RESIGNATION	09/01/2022	202224403434
FOREIGN/DESIGNATED APPOINTMENT OF AGENT	09/19/2022	202226205410



Page 1 of 1

DOC ID ---> 202129801334

DOC ID ---> 202129801334

EXHIBIT 45

DESCRIPTION
REGISTRATION OF FOREIGN FOR PROFIT LLC
(LFP)

Receipt
This is not a bill. Please do not remit payment.

UNISEARCH, INC. 3958-C BROWN PARK DR HILLIARD, OH 43026

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Frank LaRose 4763926

It is hereby certified that the Secretary of State of Ohio has custody of the business records for BUCKEYE FOREST AT AKRON LLC

and, that said business records show the filling and recording of

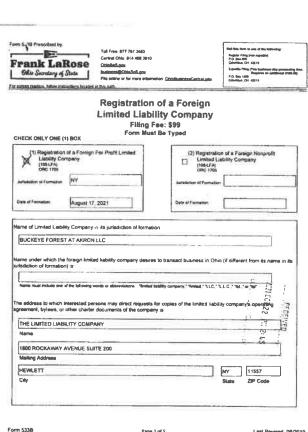
REGISTRATION OF FOREIGN FOR PROFIT LLC
Effective Date: 18/22/2021

Document No(s): 202129801334



Ohio Secretary of State

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 25th day of October, A.D. 2021. Fl & Re



Page 2 of 5

DOC ID ---> 202129801334

Frank LaRose Ohio Secretary of State

Wed Oct 05 2022

The intriled liability company hereby appoints the following as its agent upon whom process agenst the limited liability complany may be served in the state of Ohio. The name and complete address of the agent is COGENCY GLOBAL, INC. Name of Agent 3958-O Brown Park Dr. Mailing Address Ohio 43026 City The limited faibility company irrevocably consents to service of process on the sgent issled above as long as the authority of the sgent continues, and to service of process upon the Ohio Secretary of State if en agent is not appointed, or an agent is appointed but the authority of that agent has been revoked, or the agent cannot be found or served after the exercise of reasonable diagence

has the requisits authority to e	form to the Ohio Secretary of State, the undersig secute this document.	ned hereby certifies that he or she
Required	Di-	
Must be signed by an sufficized representative,	Signature	
if authorized representative is an individual, then they	By (if applicable)	
must sign in the "signature"	DIANA JOHNSON, AUTHORIZED PERSON	
box and print their name in the "Print Name" box	Print Name	
f authorized representative s a business entity, not an		
in a uderates erraty, not an individual, then please print the business name in the "Eignatuse" box, and an authorized representative of the business entity must list in the "By" box and print their name in the "Print Name" box.	Signature	
	By (if applicable)	
	Print Name	
	Signature	
	By (if applicable)	-
	Print Name	
	Later sellish	
m 533B	Page 3 of 5	Last Revised: 06/20

Entity#: 4763928

Filing Type: FOREIGN LIMITED LIABILITY COMPANY

Original Filing Date: 10/22/2021

Location:

Business Name: BUCKEYE FOREST AT BELLEFONTAINE LLC

Status: Active Exp. Date:

Filings

Filling Type	Date of Filing	Document ID
FOREIGN LLC - CERTIFICATE OF REGISTRATION	10/22/2021	202129801338
FOREIGN AGENT RESIGNATION	09/01/2022	202224403440

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF SECRETARY OF STATE

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Fred John

Page 1 of 1



Wed Oct 05 2022

Entity#: 4763930

Filing Type: FOREIGN LIMITED LIABILITY COMPANY

Original Filing Date: 10/22/2021

Location:

Business Name: BUCKEYE FOREST AT CLEVELAND LLC

Status: Exp. Date:

Filings

Filing Type	Date of Filing	Document tD
FOREIGN LLC - CERTIFICATE OF REGISTRATION	10/22/2021	202129801342
TRADE NAME/ORIGINAL FILING	11/05/2021	202131201972
FOREIGN AGENT RESIGNATION	09/01/2022	202224403464

UNITED SEATES OF AMERICA
SEATE OF ORBITAL
OFFICE OF SEATES OF SEATES
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of all records approved in that humbers courte and in the insteady of the Secretary of State.



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Ful John

100 Frank LaRose Ohio Secretary of State

Wed Oct 05 2022

Entity#: 4763933

Filing Type: FOREIGN LIMITED LIABILITY COMPANY

Original Filing Date: 10/22/2021

Location:

Business Name: BUCKEYE FOREST AT GREENVILLE LLC

Status: Active Exp. Date:

Filings

Fitting Type:	Date of Filing	Document ID
FOREIGN LLC - CERTIFICATE OF REGISTRATION	10/22/2021	202129801348
FOREIGN AGENT RESIGNATION	09/01/2022	202224403524

UNITED STATES OF AMERICA SPATE OF ORDER OFFICE OF SECRETARY OF STATE

I. Frank Lukess: Secretary of State of the State of Ohio, to hereby writy that this is a list of all records approved on this business smile and in the seconds of the Secretary of State.



Ohio Secretary of State

Ful John

Case 2:23-cv-01597-JFC-RAL Document 1-6 Filed 09/05/23 Page 148 of 153



Wed Oct 05 2022

Frank LaRose Ohio Secretary of State

Wed Oct 05 2022

Entity#:

4763935

Filing Type:

FOREIGN LIMITED LIABILITY COMPANY

Original Filing Date:

10/22/2021

Location: **Business Name:**

BUCKEYE FOREST AT MADEIRA LLC

Status:

Exp. Date:

Filings

Filing Type	Date of Filing	Document ID
FOREIGN LLC - CERTIFICATE OF REGISTRATION	10/22/2021	202129801352
TRADE NAME/ORIGINAL FILING	04/12/2022	202210200728
FOREIGN AGENT RESIGNATION	09/01/2022	202224403540

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF SECREFARY OF STATE

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Entity#:

4763936

Filing Type:

FOREIGN LIMITED LIABILITY COMPANY

Original Filing Date: Location:

Business Name:

BUCKEYE FOREST AT MAYFIELD HEIGHTS LLC

Active

Exp. Date:

Filings

Filing Type	Date of Filing	Document 19
FOREIGN LLC - CERTIFICATE OF REGISTRATION	10/22/2021	202129801354
TRADE NAME/ORIGINAL FILING	11/05/2021	202131201974
FOREIGN AGENT RESIGNATION	09/01/2022	202224403546

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF SECRETARY OF STATE

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Page 1 of 1



Wed Oct 05 2022

Entity#:

4763923

Filing Type:

FOREIGN LIMITED LIABILITY COMPANY

Original Filing Date:

10/22/2021

Location: **Business Name:**

BUCKEYE FOREST AT NORTH OLMSTEAD LLC

Status:

Active

Exp. Date:

Filings

Filing Type	Date of Filing	Document ID
FOREIGN LLC - CERTIFICATE OF REGISTRATION	10/22/2021	202129801328
TRADE NAME/ORIGINAL FILING	11/05/2021	202131201976
FOREIGN AGENT RESIGNATION	09/01/2022	202224403550

UNITED STATES OF AMERICA STATE OF ORRO OFFICE OF SECRETARY OF STATE

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Ful John

Page 1 of 1



Wed Oct 05 2022

Entity#:

4763938

Filing Type:

FOREIGN LIMITED LIABILITY COMPANY

Original Filing Date:

10/22/2021

Location:

Business Name:

BUCKEYE FOREST AT WATERVILLE LLC

Status: Exp. Date: Active

Filings

Filing Type	Date of Filing	Document ID
FOREIGN LLC - CERTIFICATE OF REGISTRATION	10/22/2021	202129801358
FOREIGN AGENT RESIGNATION	09/01/2022	202224403566

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Wed Oct 05 2022

Entity#:

4763932

Filing Type:

FOREIGN LIMITED LIABILITY COMPANY

Original Filing Date:

Location: **Business Name:**

BUCKEYE FOREST AT FAIRFIELD LLC

Status:

Exp. Date:

Filings

Filling Type	Date of Filing	Document ID
FOREIGN LLC - CERTIFICATE OF REGISTRATION	10/22/2021	202129801346
TRADE NAME/ORIGINAL FILING	04/12/2022	202210200744
FOREIGN AGENT RESIGNATION	09/01/2022	202224403520

UNITED STATES OF AMERICA
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Page 1 of 1

Ayden Healthcare of Belle Springs.

Ownership

Legal business name

Buckeye Forest at Bellefontaine LLC

Ownership type

For profit - Corporation

Contact info

221 North School Street Bellefontaine, OH 43311

(937) 599-5123

Owners and managers of Ayden Healthcare of Belle Springs.

View detailed ownership information on all nursing homes

OWNER

5% or greater direct ownership interest

LAHASKY, EPHRAM (100%)

since 12/31/2021

DIRECTOR

MORHAIME, ANN

EXHIBIT 46

10/5/22, 1:28 PM

10/5/22, 1:28 PM

X

since 12/31/2021

OFFICER

MORHAIME, ANN

since 12/31/2021

MANAGING EMPLOYEE

MORRIS, LORI

since 12/31/2021

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Page 1 of 2

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Case 2:23-cv-01597-JFC-RAL	Docume	ent 1-6 Filed 09/05/23 Page 150 of 153	10/5/22, 1:32 PM
Ayden Healthcare of Greenville	×	since 12/31/2021	
Ownership			
		OFFICER	
Legal business name		MORHAIME, ANN	
Buckeye Forest at Greenville LLC		since 12/31/2021	
Ownership type		MANAGING FAIRLOVER	
For profit - Partnership		MANAGING EMPLOYEE	
Contact info		MANUEL, JAMES	
243 Marion Drive Greenville, OH 45331 (<u>937) 548-3141</u>		since 12/31/2021	
Owners and managers of Ayden Healthcare of Greenville			
View detailed ownership information on all nursing homes			
OWNER 5% or greater direct ownership interest			
LAHASKY, EPHRAM (100%)			
since 12/31/2021			
DIRECTOR			
MORHAIME, ANN			
https://www.med-cere-gov/care-compare/flatalki/initising-huming/369532_flatennifileficiates/CME.tigonde=45131fameacuts-initising-home-own	rership Page 1 of 2	https://www.medicare.gov/care-company/docalis/inursing-home/36562_Cream/dedatate-OHE/spoode-45231Emeasure.nursing-home-ownership	Page 2 of 2
	9/12/22, 10:11 AM		9/12/22, 10:11 AM
Ayden Healthcare of Waterville	×	MANAGING EMPLOYEE	
Ownership		SOLLER, BRIAN	
		since 12/31/2021	
Legal business name Buckeye Forest at Waterville			
Ownership type For profit - Corporation			
Contact info			
8885 Browning Drive			
Waterville, OH 43566 (419) 878-8523			

Owners and managers of Ayden Healthcare of Waterville

OWNER

5% or greater direct ownership interest

LAHASKY, EPHRAM (100%)

since 12/31/2021

OFFICER

MORHAIME, ANN

since 12/31/2021

X

Ayden Healthcare of Madeira

Ownership

Legal business name Buckeye Forest at Madeira LLC

Ownership type For profit - Corporation

Contact info 5970 Kenwood Road Cincinnati, OH 45243 (513) 561-4111

EXHIBIT 47

Owners and managers of Ayden Healthcare of Madeira

View detailed ownership information on all nursing homes

OWNER

5% or greater direct ownership interest

KAZARNOVSKY, SOLOMON (50%)

since 12/31/2021

STEIN, ABBA (50%)

since 12/31/2021

OPERATIONAL/MANAGERIAL CONTROL

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KAZARNOVSKY, SOLOMON

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since 12/31/2021

STEIN, ABBA

since 12/31/2021

OFFICER

KAZARNOVSKY, SOLOMON

since 12/31/2021

Ayden Healthcare of Fairfield

Ownership

Legal business name

Buckeye Forest at Fairfield LLC

Ownership type

For profit - Corporation

Contact info

3801 Woodridge Boulevard Fairfield, OH 45014 (513) 874-9933

Owners and managers of Ayden Healthcare of Fairfield

OWNER

5% or greater direct ownership interest

KAZARNOVSKY, SOLOMON (50%)

since 12/31/2021

STEIN, ABBA (50%)

since 12/31/2021

OPERATIONAL/MANAGERIAL CONTROL

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Case 2:23-cv-01597-JFC-RAL Document 1-6 Filed 09/05/23 Page 152 of 153

KAZARNOVSKY, SOLOMON

since 12/31/2021

STEIN, ABBA

since 12/31/2021

OFFICER

KAZARNOVSKY, SOLOMON

since 12/31/2021

EXHIBIT 48

https://www.medicere.gov/trans-company/defaile/instrang-home/368738...efairfield#states@Milipcodo+6501c@malasure=mursing-home-ownership
Page 2 of 2

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Gardens of Mayfield Village

Ownership

Legal business name

Buckeye Forest at Mayfield Heights LLC

Ownership type

For profit - Corporation

Contact info

6757 Mayfield Rd

Mayfield Heights, OH 44124

(440) 473-0090

since 12/31/2021

LAHASKY, EPHRAM

since 12/31/2021

OFFICER

KATZ, LARRY

since 12/31/2021

LAHASKY, EPHRAM

since 12/31/2021

MANAGING EMPLOYEE

DEUTSCH, PAUL

since 12/31/2021

Owners and managers of Gardens of Mayfield Village

View detailed ownership information on all nursing homes

OWNER

5% or greater direct ownership interest

WEISZ, MORDECHAI (100%)

since 12/31/2021

DIRECTOR

KATZ, LARRY

X

Gardens of North Olmsted

Ownership

Legal business name

Buckeye Forest at North Olmstead LLC

Ownership type

For profit - Corporation

Contact info 23225 Lorain Rd

North Olmsted, OH 44070

(<u>440) 779-6900</u>

Owners and managers of Gardens of North Olmsted

View detailed ownership information on all nursing homes

OWNER

5% or greater direct ownership interest

LESHKOWITZ, ELI (100%)

since 12/31/2021

DIRECTOR

KATZ, LARRY

https://www.madicars.gov/cars.company/desalts/hursing-hame/28523 . 20Gimpan/desales-0M6.rpc.cde+440708/measure-increasing-home-ownership

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since 12/31/2021

LAHASKY, EPHRAM

EXHIBIT 49

since 12/31/2021

OFFICER

KATZ, LARRY

since 12/31/2021

LAHASKY, EPHRAM

since 12/31/2021

MANAGING EMPLOYEE

SOLTIS, ERIN

since 12/31/2021